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ABSTRACT

This document encompasses the proceedings from the Alabama State Conference and the five District State Conferences on Smoking and Health. It is stated that, as pilot programs, these conferences were designed to develop guidelines that might serve in planning, organizing, and administering future Leadership Development Conferences on Smoking and Health Education at the national, regional, state, and substate levels. The document states that the participants of the conference were committed to the following objectives: a) to help children, youth, and adults not acquire the habit of smoking and b) to help them stop smoking if they have already begun. The document contains the following sections: a) Foreword; b) Program; c) Conference Planning Committee; d) Smoking and Health, Its Implications; e) Smoking and Health; f) Behavioral Aspects of Learning, Implications to Smokers; g) Current Research and Projects on Smoking and Health; h) Guidelines for Consideration in Organizing a State Conference on Smoking and Health Education; i) Evaluation Forms from the Conference; j) Conference Participants; and k) Summaries of State District Conferences. (Related document is SP 007 598.) (JA)

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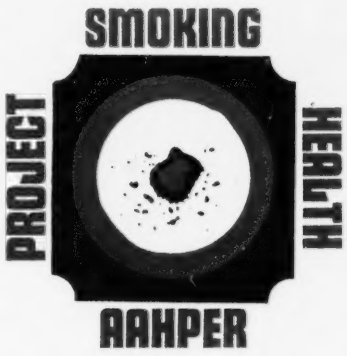
PROCEEDINGS OF THE

ALABAMA

STATE CONFERENCES

ON SMOKING & HEALTH



SP 007 599

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STATE–WIDE CONFERENCE ON SMOKING & HEALTH

UNIVERSITY OF ALABAMA, Tuscaloosa–October 9–10, 1967

ALABAMA DISTRICT CONFERENCES ON SMOKING & HEALTH

I UNIVERSITY OF SOUTH ALABAMA, Mobile–March 9, 1968

II AUBURN UNIVERSITY, Auburn–January 29, 1968

III SAMFORD UNIVERSITY, Birmingham–December 8, 1967

IV JACKSONVILLE UNIVERSITY, Jacksonville–April 9, 1968

V FLORENCE STATE COLLEGE, Florence–January 13, 1968

L E A D E R S H I P D E V E L O P M E N T P R O J E C T

O N

S M O K I N G A N D H E A L T H E D U C A T I O N

UNIVERSITY OF ALABAMA

OCTOBER 9-10, 1967

The Department of Health, Physical Education and Recreation, College of Education, University of Alabama, and The Project on Smoking and Health, American Association for Health, Physical Education and Recreation . . .

In cooperation with:

Alabama State Department of Education
Alabama Department of Public Health
Alabama Association of Secondary School Principals
Alabama Association of Elementary School Principals
Alabama State Association for Health, Physical Education and Recreation
College Health, Physical Education and Recreation Association for Alabama
Alabama High School Athletic Association
Alabama Congress of Parents and Teachers
Alabama Congress of Colored Parents and Teachers
Alabama Division of American Cancer Society
Alabama Heart Association
Alabama Tuberculosis Association

The Conference is made possible by a grant from AAHPER Leadership Development Project on Smoking and Health, Washington

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FOREWORD

The Alabama State Conference and the five District State Conferences were designed to develop leadership in the AAHPER Project on Smoking and Health Education. These conferences were to serve as pilot programs to develop guidelines that might serve in planning, organizing, and administering the future Leadership Development Conferences on Smoking and Health Education at the National, Regional, State, and sub-state levels.

The proposal for the Alabama Conferences was submitted soon after Dr. Granell was named Project Director. A Coordinating Council of six persons was established to project initial plans for Alabama's participation in the program. This Council selected sixteen additional persons representing educational, public health, voluntary health, community and parental organizations and associations which were concerned in the effort to help children, youth, and adults:

1. To not take up the habit of smoking if they were not then smoking, and
2. To stop smoking if they had already begun to smoke.

Three meetings of the State Conference Planning Committee and three additional meetings of the Coordinating Council were held for the purposes of planning and organizing the State Conference.

The table of Contents presents the various aspects of the Conference. The Conference did achieve the established objectives. The guidelines developed from the Alabama State Conference and the five State District Conferences have already served as a guide in the planning, organizing and administering of the National Conference on Leadership Development, the Southwest District Conference, the Central District Conference, the

Southern District Conference, and two State Conferences, namely Texas and Arizona.

The people of Alabama are grateful for the opportunity of serving in a leadership capacity in this important health education project regarding the hazards of cigarette smoking on health. We dedicate ourselves anew in continuing our efforts to develop among our children and youth, "a smokeless society".

Willis J. Baughman
Chairman, Advisory Committee, AAHPER Project:
Alabama State Conference Director and
Chairman State Planning and State Coordinating Council for
the Leadership Development Project on Smoking
and Health Education.

* *

Proceedings Editor - Willis J. Baughman

Assistant to Editor- Laney H. Yelverton

P R O G R A M

ALABAMA STATE CONFERENCE ON SMOKING AND HEALTH

Monday, October 9

8:00- 9:00 Registration ..... Lobby, Room 122 Graves

9:00-10:00 First General Session ..... Room 122 Graves
Presiding ..... Dr. Willis J. Baughman
Conference Director
Greetings ..... Dr. Robert E. Bills, Dean
College of Education
Dr. Wesley M. Staton, Chairman
Department of Health, Physical
Education, and Recreation
Introduction of Guests ..... Dr. Willis J. Baughman

10:00-11:00 Keynote Address
Speaker .....Terry [illegible]illy, Jr. [illegible].
Tumor and General Surgery
Cancer Detection, Kansas City,
Missouri
Address ..... SMOKING AND HEALTH--ITS IMPLICATIONS

11:15-12:15 Conference Orientation ..... Dr. Willis J. Baughman
Assignment to Work and Discussion Groups
General Announcements

12:15- 1:30 Lunch

1:30- 3:15 Second General Session ..... Room 122 Graves
Presiding ..... Mrs. Jimmie H. Goodman
Consultant, Health and Physical Education
State Department of Education
Montgomery, Alabama
Speaker ..... Dr. Vincent Granell, Director
Project on Smoking and Health
AAHPER, Washington, D. C.
Address .....LEADERSHIP DEVELOPMENT PROJECT ON
SMOKING AND HEALTH
Speaker ..... Dr. Pearline Yeatts
Professor of Education
University of Georgia
Athens, Georgia
Address ..... BEHAVIORAL ASPECTS OF LEARNING--
ITS IMPLICATIONS FOR SMOKERS
Audience Reaction--Discussion

3:30- 4:45 Materials on Smoking and Health .... Room 122 Graves
Presiding ..... Miss Miriam Collins, President
Alabama State Association HPER
Professor, Health and Physical Education
Alabama College
Montevallo, Alabama

PANEL MEMBERS

Public Health Materials ..... Mr. Forest E. Ludden
Director
Bureau of Primary Prevention
Alabama State Health Department
Montgomery, Alabama

Parent Teachers Association ..... Mrs. E. S. Fuller
State Health Chairman
Alabama Congress of Parents & Teachers
Montgomery, Alabama

American Cancer Society ..... Mrs. Lillian S. Meade
Executive Vice-President
American Cancer Society
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Birmingham, Alabama

Alabama Heart Association ..... Miss Margaret Cotten
Executive Secretary
Alabama Heart Association
Birmingham, Alabama

Alabama Tuberculosis Association.. Mr. Frank Montoro
Assistant Executive Secretary
Alabama Tuberculosis Association
Birmingham, Alabama

State Department of Education .... Mr. F. C. Vickery
Consultant, Temperance Education
Division of Elementary Education
Montgomery, Alabama

Children's Bureau, H.E.W. ..... Mr. Robert McGee
Welfare Administration
H.E.W. Children's Bureau
Washington, D. C.

6:00 Banquet ..... Alabama Union Ballroom
Presiding ..... Dr. Willis J. Baughman
Conference Director
Introduction of Speaker ..... Dr. Vincent Granell
Director, Project on Smoking & Health
AAHPER, Washington, D. C.
Speaker ..... Mr. Roy L. Davis, Chief
Community Program Development Section
National Clearinghouse for Smoking & Health
Washington, D. C.
Address ..... CURRENT RESEARCH AND PROJECTS ON
SMOKING AND HEALTH

Announcements

8:00- 9:30 Film Showing and ..... Doster Hall Auditorium
Review of Materials

TUESDAY, OCTOBER 10

8:00- 9:30 First Work Group Session

Group I

School Administrators, Supervisors,
Teachers and Coaches ..... Room 122, Graves
Moderator ..... Mrs. Jimmie H. Goodman
Consultant ..... Dr. Pearline Yeatts

Group II

Parents and Other Lay Personnel ..... Room 20, Union
Moderator ..... Mr. James E. Sharman
Consultant ..... Dr. Vincent Granell

Group III

Voluntary Health Agency Personnel ... Room 317, Union
Moderator ..... Mr. Forest Ludden
Consultant ..... Mr. Roy L. Davis

Group IV

Fall Quarterly Conference,
Alabama Health Educators ..... Room 319, Union
Chairman ..... Mr. Andrew Ramsey

9:45-11:00 Second Work Group Session

Group I

School Administrators, Supervisors,
Teachers and Coaches ..... Room 122, Graves
Moderator ..... Mrs. Jimmie H. Goodman
Consultant ..... Dr. Willis J. Baughman

Group II

Parents and Other Lay Personnel .... Room 201, Union
Moderator ..... Mr. James E. Sharman
Consultant ..... Dr. Pearline Yeatts

Group III

Voluntary Health Agency Personnel ... Room 317, Union
Moderator ..... Mr. Forest Ludden
Consultant ..... Dr. Vincent Granell

Group IV

Public Health Personnel ..... Room 319, Union
Moderator ..... Miss Miriam Collins
Consultant ..... Mr. Roy L. Davis

11:15-12:30 Conference Planning for District Conferences on Smoking and Health

DISTRICT I ..... University of South Alabama, Mobile
Room 201, Union

Members of Coordinating Committee
Dr. Lewis Hilley, Chairman
University of South Alabama
Mrs. Marvin G. Whitley
Alabama Congress of Parents and Teachers
Miss Karen Ann Daughtery
Mobile County Department of Health
Dr. Willis J. Baughman
State Coordinating Council Representative

DISTRICT II ..... Auburn University, Auburn
Room 219, Union

Members of Coordinating Committee
Dr. Richard K. Means, Chairman
Auburn University
Dr. Mildred Brown
Tuskegee Institute
Dr. Ward Tishler
Alabama College
Mr. Forest E. Luddon
State Coordinating Council Representative

DISTRICT III ..... Samford University, Birmingham
Room 317, Union

Members of Coordinating Committee
Miss Avalee Willoughby, Chairman
Samford University
Mr. Andrew Ramsey
Jefferson County Department of Health
Mrs. Ruth Smith
Ensley High School, Birmingham
Mr. James E. Sharman
State Coordinating Council Representative

DISTRICT IV..... Florence State College, Florence
Room 320, Union

Members of Coordinating Committee
Dr. William Glidewell, Chairman
Florence State College
Miss Angeline Nazaretian
Athens College
Mr. Robert Desoker
Colbert County Department of Health
Mrs. Jimmie H. Goodman
State Coordinating Council Representative

DISTRICT V ..... Jacksonville State University
Jacksonville
Room 122, Graves

Members of Coordinating Committee
Mrs. Palmer D. Calvert, Chairman
Jacksonville State University
Dr. Eugene Hanson
Jacksonville State University
Virginia E. Webb, M.D., Health Officer
Etowah County Department of Health
Miss Miriam Collins
State Coordinating Council Representative

12:30- 1:45 Lunch

1:45- 3:00 Final Conference Session ..... Room 122, Graves
Presiding ..... Mr. Forest E. Luddon
State Coordinating Council Representative

1. Reports by District Conference Chairmen
   Dr. Lewis Hilley, University of South Alabama
   Dr. Richard Means, Auburn University
   Miss Avalee Willoughby, Samford University
   Dr. William Glidewell, Florence State College
   Mrs. Palmer D. Calvert, Jacksonville State
2. Evaluation of Conference ... Mr. James E. Sharman
   State Coordinating Council Representative
3. Conference Summary and Challenge ...
   ... Dr. Willis J. Baughman
   Conference Director and
   Chairman, State Coordinating Council
4. Conference Adjournment

3:30- 5:00 Joint Planning Session for District Conference
Room 122, Graves
Presiding ..... Dr. Willis J. Baughman, Chairman

1. Members of State Planning Committee
2. Members of District Coordinating Committee

* * * * * *

CONFERENCE PLANNING COMMITTEE

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Mr. Henry Webster, President
Alabama Association of Elementary School Principals
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East Tallassee, Alabama 36023

*Members of Coordinating Councils State and District Conferences

SMOKING AND HEALTH

by

Torry E. Lilly, Jr., M. D.
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"Many a lemon looks like a peach in the moonlight." So Dr. Robert Maynard Hutchins, President of Chicago University, warned my graduating class at Commencement exercises, University of Kansas, in 1939. While some may have thought that this was dermatologic or cosmetic advice, or even sex education of a sort, I am sure that Dr. Hutchins was admonishing the pre-World War II generation to look for the facts in the hard clean daylight of truth. Regarding smoking and the impact on health, the <u>facts</u> are in, the <u>controversy</u> is over, it is indisputably established that cigarette smoking is our greatest health problem today.

As I said, the year was 1939--back when my children figured I went to class with dinosaurs in a pre-historic school. At this time the annual lung cancer death rate was 7,000. Most of the cardiovascular deaths related to senility, not smoking!

The cigarette had rivals largely of snuff, chewing tobacco, cigars and pipes. Gentlemen asked, "May I smoke?," and smoking cars kept the fog in one place on public transportation.

But how things have changed! Your presence today indicates that you believe change is necessary and possible, and you intend to have a part in shaping it. Obviously, you know a health problem, namely, smoking of cigarettes, is heading this country for an epidemic of disability and death at an unprecedented rate. Most of this is preventable--one of the most unnecessary tolls of life in the history of man.

Today's generation of parents, when they were teenage children, looked to their own parents. World War I troops, razz-a-ma-taz college students, boo-boo-pa-doop gals, who had broken most of the social barriers for social acceptance of smoking, for both sexes, by the mid 30's.

Their smoking habits were in great measure the far-reaching influence of parental example, social associates and the vendors of"coffin nails." For them cigarette smoking was a social reaction, not an intellectual process.

Today's well educated, well informed, cancer knowledgeable parent knows a very different story. Beginning in 1954 with the first publication of the prospective studies showing that higher overall death rates among cigarette smokers, we progressed to the Surgeon General's 1964 Report, which affirmed without doubt that cigarette smoking does cause disease. A mountain of evidence, some 5,700 citations in the scientific literature, are giving us precise answers to:

> How much mortality and excess disability are associated with smoking?
>
> How much of this early mortality and excess disability would not have occurred if people had not taken up cigarette smoking?

How much of this early mortality and excess disability could be averted by the cessation or reduction of cigarette smoking?

Where are the biomechanisms whereby these effects take place, and what are the critical factors in those mechanisms?

The terrible facts are:

-- Over a quarter of a million premature deaths each year from diseases associated with cigarette smoking.

-- Eleven million extra chronic diseases in the cigarette smoking population.

-- The fact that one-third of all male deaths between 35 and 60 are premature deaths from diseases associated with cigarette smoking.

-- The conclusion in the Second Surgeon General's Report, just released, that cigarette smoking is the principle cause of lung cancer and the most important cause of death and disability from chronic conditions.

The urgency of the problem is evidenced by:

-- Death from lung cancer increasing almost geometrically--from 2,000 in 1930, shortly after smoking of cigarettes started becoming a habit, to over 50,000 now!

-- The upsweep in lung cancer by women smokers following directly the consumption curve their male counterparts were making a short while ago.

-- 48 million Americans smoking 542 billion cigarettes last year, 2.5% more than they smoked the year before.

-- Over 4,000 children starting to smoke every day, nearly a million and a half a year. New customers of the Pied Pipers of Weed.

-- A million children now in school dead before their time of lung cancer, if present rates continue.

-- This same group of children accounting for five million premature deaths . . . In all, a total of fifty million man years lost to our nation . . . the staggering loss of billions of dollars of our dearest natural resource--human lives.

We cry of the horrors of war, yet every year cigarettes kill more Americans than were killed in World War I, the Korean

War and Vietnam combined; nearly as many as died in battle in World War II.

We cry of the death traps of highways and motor cars, yet each year cigarettes kill five times more Americans than do traffic accidents. Lung cancer alone kills as many as die on the road.

The Surgeon General's Reports of 1967 morbidity (that is, sickness short of death) should alert personnel administrators and insurance actuaries everywhere. Any smoker ought to turn up his intelligence antenna and take a listen, too!

Data from the National Health Survey provide a base for estimating that in one year in the United States an additional,

-- 77 million man-days were lost from work,

-- an additional 88 million man-days were spent ill in bed,

-- and an additional 306 million man-days of restricted activity were experienced because cigarette smokers have higher disability rates than non-smokers.

Dr. C. M. Fletcher, Secretary, Royal College of Physicians, because of experience in Great Britain, can say with authority, "Hocking, spitting, coughing, shortness of breath, bronchitis, sinus drainage, minor illnesses, pain in the chest--all this--an unfortunate prelude to premature death.

One of the fantastic inconsistencies of our day is the contradiction that exists in our Congress today. On the one hand the experts of the Health Agencies (National Cancer Institute, National Health Institute, Surgeon General, U. S. Public Health Department, Department of Health and Welfare, and the Clearinghouse on Smoking and Health) as advisors to Congress

say without equivocation, "Cigarette smoking is crippling and killing our people." On the other hand, the fiscal agencies of government cry, "We must have the revenue." I say, "Who can put a price on the lives of Americans?" Hypocracy, let me cite a few examples at the national level.

-- We spend federal money to support the price for the tobacco farmer. Then we give federal money to research projects to find better ways of curing the tobacco addict.

-- We spend our nation's funds to call together a World Conference of 35 nations to consider the gravity of this epidemic on the peoples of the world. While on the other hand, our Department of Agriculture still spends over $200,000 a year to subsidize the overseas advertising of American cigarettes.

-- We have sent enough cigarettes to the rice paddies of Vietnam that Dan Horn says, "They would have to smoke three at a time and stay up all night to consume them." Obviously, as in the other recent wars, cigarettes provide our boys abroad other satisfactions. Yet, the U.S.P.H., the Health arm of our government, says that cigarettes kill men.

-- We addict men in the trenches and then ban the sale in V.A. hospitals.

-- And we still show abroad a Hollywood produced promotional movie for U.S. tobacco, while other government agencies campaign against cigarette smoking there.

My next remarks might be prefaced with, "You can lead a student to school, but you can't make him think." Sub-title: "Examples speak louder than words."

Who, by their example, really influences the child in his behavior decisions? I will tell you: Parent--pedagogue--physician--peer--professor--preceptor--preacher--priest--propagandist--the real swingers! This latter fellow in my day was admirably referred to as a "personable celebrity." He has long been a vehicle with a price for selling young admirers cigarettes.

Top of the list is the parent. Smoking parents can expect double the rate of smoking in offspring.

Teachers, not so much what they teach, but by the example they set in their personal habits shall mold the thinking of your child and mine. No one sees the hypocricy of the double standard like the child! The coach who gives a boy H--- for breaking training, and smokes like a fiend on the sidelines of the game. The science teacher who conducts a cancer experiment in biology but cannot reach the lounge without a cigarette.

I deplore the fuzzy thinking of the person who says that:

I am a light smoker.

I can always cut down.

I quit for six weeks, four years ago.

I can quit by cutting down.

They ought to be honest about it like Mark Twain, who said, "I can quit smoking--I do twenty times a day."

Fact of the matter is, it reminds me of an old poster in prohibition days back in Kansas--except I would paraphrase it as follows: "All addictive smokers were once light smokers."

It is similar to the girl who returned from her physical examination to announce, "Don't worry, Mom, the doctor says I have just a light touch of pregnancy." (This problem has a way of growing larger.)

The smoker who thinks that the other fellow is playing with fire is just not studying the discouraging reports of habituation and addiction failures of our Withdrawal Clinics.

Maybe we have dwelt too heavily on cancer when its victims

are in the minority. High cholesterol, arteriosclerosis, coronary heart disease come in for their kicks.

Dr. Jeremiah Stamler, of Chicago, presented a brilliant data to show that there is a direct correlation between elevated cholesterol and arteriosclerosis and the extent of smoking.

The smoker takes on a 500% risk of coronary heart disease and is many times more likely to die in his first attack.

A whole presentation could be devoted to respiratory diseases directly associated with smoking.. Suffice it to say that 20 million Americans with emphysema, the new downhill status disease, breathe less and less and will suffocate in an abundance of oxygen.

The good news about stopping, cessation or appreciable reduction of cigarette smoking is--those wise souls will delay or avert (1) a substantial portion of deaths which occur from lung cancer, (2) a substantial portion of earlier deaths and disability from chronic bronchopulmonary diseases, and (3) a portion of the earlier deaths and excess disability of cardiovascular origin.

Dr. Cuyler Hammond has added much to our understanding of smoking in our young people at the World Conference. Here are some of the high points:

(1) Schoolage smokers do have higher morbidity and miss more school days as a result of smoking. The earlier in life one starts smoking, the greater the risk of disease and death, as much as ten-fold before age 21 than after. The number of ten-year-old smokers in many countries of the world, as well as our own, is alarming.

(2) Expected loss of life is 25% less in non-smokers at all ages.

(3) Lung cancer represents only 50% of the tobacco-induced cancer deaths.

(4) Loss of life from smoking has negated the gains of the past fifty years of all medical and health effects to improve the health of man.

(5) In some countries the longevity of males has actually reversed the climb of past years, and with the accumulated disaster of smoking has actually turned downward--and the trend downward is continuing.

It has been my pleasure and likewise a revealing experience to conduct a series of high school Smoking and Health programs. The format permitted the audience to participate by asking the speaker questions. I tabulated these student inquiries to find which aspect of the smoking problem haunted (bugged, that is) the students the most. Would you guess what it was? Here it is--"What can I do to stop my parents' smoking?" Consider the full dimension of this question. (1) It contains full awareness of the dangers. (2) It relates this to a loved one in terms of personal insecurity. (3) It raises serious doubts for the understanding of the parent for his child, and reflects an indifference to the child's peace of mind. This in itself is a PTA program.

Let us face it. They have reason to worry. There are not too many Arthur Godfreys around. Given one hundred persons in whom cancer of the lung is found by the chance methods, which unfortunately means most Americans today. Just what happens? They all start out with a "warning shadow" that is proven malignant by pathological examination. One-third are never operated upon. Close examination shows that their disease has extended beyond the limits of resectability--both lungs, liver, brain, bone, lymph nodes. One-third after workup look hopeful and an

exploratory operation is performed--only to find that the disease has extended beyond the limits to which the surgeon can cope--to the chest wall, heart, major vessels, main divisions of the respiratory tree. Then, finally, one-third, thirty-three that is of the hundred, are resected--that is, a segment or the entire lung is sacrificed. Even after the specimen is studied, the surgeon is cautious in his prognosis. Why? Because just six, yes, six of the one hundred cases will be alive five years later. The child understands the risk and considers his parent closer to the payoff. These are rotten odds by any gambler's experience. The one-armed bandit with its lemons, cherries and plums is a child's toy compared to the cigarette vending machine. Instead of a watered down warning on the pack, I suggest a flashing skull and crossbones, content: 18 carcinogenic tars, 180 poisons. I recommend something catchy on the vending machines, too, like, "You, too, can hit the packpot! Three hundred fifty thousand American smokers will cash in everything this year!"

It is recommended that in a debate before the House of Lords on the question of elimination of smoking from Her Majesty's aircraft, one Lord said with profound intonement, "Those who smoke should have every right to expedite themselves to another place." And I might add, they are, at the world's record rate.

I am asked by those that wish to hedge on complete cessation of smoking, "Would smoking a pipe or cigar be better than smoking cigarettes?" There is one simple answer, "Where do you want your cancer?"

Instead of inhaling those cigarettes and becoming a one-lunger, you have the delightful alternative of chewing, tonguing, sucking, even smoking cigars and pipes and have your cancer up front where they taste so good!

Of course, one must accept the possibility that the surgical treatment of your cancer may require a section of one's lip, a portion of or half the jaw, a linguistically vital portion of one's tongue, produce a gapping hole in the palate or floor of the mouth, and result in an enchore of resecting everything but your lifeline in the neck.

Besides subjecting one to some of the most major surgery performed by the cancer surgeon, one is left with a challenging reconstructive effort by the plastic surgeon to make one look human again.

Right now the catchy ad man is straining every crinkle in his cranium to come up with new devices to selling the extra long cigarette. Evidence shows that they are more deadly, two or three times, but that does not deter the merchants of death. I would guess that this could get out of control and cigarettes could become as long as competition and Madison Avenue venture. A good answer to the fellow on T.V. doing the 7-minute countdown with the long cigarette would be to have Dr. Wendell Stanley showing that for every five minutes that a smoker puffs away, he shortens his life three minutes. It is a little hard even for T.V. and trick photography to show that a two-pack smoker knocks off eight and a half years of his lifetime.

It is time for us to take a square look at ourselves.

Unfortunately, few will be like the young man who went into the telephone booth in the drugstore and made a call while being overheard by the girl at the soda fountain. The conversation went something like this:

"Hello. Are you the party that advertised three weeks ago for a boy to work?"

"You have?"

"How is he doing, may I ask--is his work satisfactory?"

"Well, that is good, thank you very much."

The girl at the soda fountain said with a taunt, "Well, Buster, you didn't get the job. Better luck next time."

To which the young fellow answered, "Oh yes, I am doing all right. I am the boy they hired. I just wanted to know how I was doing."

* * * * * * *

All of which reminds me of that great pediatrician professor of mine, Charles Hendy Smith, who admonished his students: When a mother asks, "How is my child doing?" she is really asking, "How is my child doing compared with other children the same age?" There is the sincere intent, you see, to really look at comparables. A square look tells us it is time for individual and collective action. What then can be done? Where is the remedial action?

1. Stop smoking. Fifty percent of those smoking today can do this without help beyond their own resolve.
2. Public Education has prepared the climate for change. It should be intensified.

3. Intelligent legislation as the wave of public opinion grows. Senators Kennedy, Magnusen and Moss and others are now moving on this.

4. Withdrawal clinics for the addicted must be refined and made available as a society realizes that their community has special victims of this health hazard.

A source of strength has been demonstrated in all of the above categories of remedial action--in the physicians of this country. The physicians of Alabama should be enlisted at every level of your program.

What have physicians accomplished already?

-- Fifty percent of those smoking eight years ago have stopped Whereas 54% were smoking when the educational program was launched in 1960, now only 25% are smoking. This is the lowest incidence of any major professional group, exceeded in success only by Seventh Day Adventist males. Hopefully physicians will continue to lead the way by practicing what they preach.

-- The University of Michigan Medical School class of 1967 adopted a resolution to graduate a non-smoking class of physicians to underline their health stand.

-- The American College of Chest Physicians has adopted a resolution to support smoking control.

-- The World Conference on Smoking and Health meeting less than a month ago made strong recommendations for world-wide efforts of tobacco induced disease controls. The

major part of this program's design and action to be the role of physicians.

What can the physician do now?

First, his patients have been well prepared for reception of his advice. Dr. Daniel Horn noted that 75% to 80% of a national sample indicated acceptance of the concept that smoking is a hazard to health. But the physician can:

Insure his patients awareness of the hazard.

Influence a decision to stop smoking within his personal areas of reference.

Create no smoking areas where physicians have jurisdiction or influence, such as office, hospital or clinics.

Participate in educational programs in the community, particularly schools, church groups and clubs.

Secondly, the physician must realize that he is dealing with a rapidly increasingly sophisticated patient who expects medical advice to be individualized and based on sound scientific fact. The strongest tool is the basic periodic comprehensive physical examination. Then the doctor can:

Detail the disease for each individual that is being induced or aggravated.

Show the patient whose disease is not readily apparent wherein he can offer him a concrete reward for any success in reducing or abstaining from smoking.

Pulmonary function studies, electrocardiography, peripheral vascular tests, blood chemistries, etc. are quite effective in this respect.

Physicians will need

-- Improved patient information and educational matter.
-- Scientifically sound regiments of treatment for patients.
-- Well functioning withdrawal clinics for habituate and addicted smokers.
-- Mass screening methods of classification of smokers for treatment.

Educators have a highly important place in the smoking control program, as you in Alabama realize, to have organized this Conference. This is an almost untapped source of exemplar status, curriculum development, in-school projects, community leadership, and assistance in individual group therapy. Where the physician, outside of pediatrics and other limited areas, will deal with the committed smoker, educators have vital opportunities with the youth at the decision-making and behavior developmental level.

The climate of change is imperative--the time is ripe.
There must be a three pronged attack: home, school, and community
You, assembled here, can muster the manpower to accomplish this in Alabama.
Not as a crash program, but in an orderly build up of influence—

steadily growing in an on-going and unrelenting manner.

You can do this by:

Providing information to teachers, administrators, public health educators, volunteer agency personnel, parents and community innovators. Coordinating statewide health education efforts.

Working toward reduction, prevention and elimination of smoking in all age groups.

Recruiting leaders in each of your districts.

Organizing dedicated leadership to act as an enabling body for enlightened legislation.

Signs of the changing times are seen more and more.

Research has never been so great, nor funding so generous.

The Federal Communication Commission's "fair and equal time" ruling has made great inroads into radio advertising and will be seen in television soon. Not a single tobacco advertisement is left on the air in my native city of Greater Kansas City. One radio manager reports that $150,000.00 in such advertising has been lost since August of this year.

A new round for tougher labeling is in the making.

Warnings on advertising seems inevitable.

Taxation on cigarettes based on tar and nicotine content has been proposed.

The Federal Trade Commission and Pure Food and Drug Administration will be drawn into the fray and further restrict sales.

The tobacco companies are reacting with quiet desparation with King Size and Super King Size cigarettes, new and intense coupon campaigns while quietly diversifying. The filter 'fake out' has run its course. A new gimmick frantically sought.

Industry is becoming alarmed over the loss of personnel costly to replace, absenteeism, production losses, rising insurance costs.

Insurance companies are becoming keenly aware of the losses in disability and death of their smoking policy holders.

Volunteer health agencies, the American Cancer Society, the American Heart Association and the American Tuberculosis and Respiratory Diseases Society are having unprecedented support and returning a full measure in research, education and service to our nation. You will be proud of the quality and quantity of material and assistance that these agencies can give to the program that you design in these deliberations.

So, now let us turn our attention to the child, the student, our prime target. We must reach him at the time of his decision making ready to convince him that this is a matter of life or death. True, the child thinks of the chance of death and disease as remote and only in old age. Face it, people of our age are a kind of living death, in their context of thinking. But you as educators are skillful in bending the limb that shall shape the adult tree. Dr. George Moore, of Roswell Park Cancer Hospital, Buffalo, put it this way--"Our job is to help the

child until he can wisely decide in which disease of personal mismanagement he wishes to indulge."

SMOKING AND HEALTH

by

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We have developed a brochure for our Project that describes the purposes and the future goals of our Project. The purposes are simple: we are engaged in what you might call a movement; not only to identify school leaders, but also to identify individuals who have influence on school programs. As an example, the individuals that were identified here today as members of the District Teams. They are a diversified and high quality group and this is an indication of what we are proposing to do. Not only school leaders that can commiserate with each other as to what is wrong, but to listen to other people tell them what is wrong and what can be done. I think you heard Dr. Lilly say it very well this morning--that we do not need any more "crash" programs. "Crash programs" as we identify them are these that principals feel very comfortable with when they invite someone of Dr. Lilly's or similar stature into the school for a full day assembly. They think, "Boy my health education program is great. I just had a medical expert come in and speak to all my students and give them the truth about this cancer problem." "What did you do next week?" "Oh we don't have time for any more--that

was our program for the year." This is exactly what Dr. Lilly meant when he said, "We are objecting to the crash programs." What he meant by an ongoing program is what we, as a project, are attempting to propose to school principals, superintendents, supervisors, teachers, parents and students , voluntary health agencies, public health people, the coaches, physical education people; you name them--we need their help.

We mean an ongoing program built into the curriculum. We mean involvement of the entire school personnel in developing school policies on smoking. We need the help of the community. We are hoping to get the community and the school together to work on this in a unified manner. The school and the community, with open communications on the activities existing on the smoking problem, can support and strengthen each other's effort for greater effectiveness. I think that Dr. Means could verify what I am saying about the lack of health education in the schools. In their SHE Study, the School Health Education Study, they found the schools reporting no classes in health. The real concern was the lack of interest from not only the school personnel, but the parents. No communication between school and the community. We are trying to look at this health problem through the interagency and interdiscipline approach. We want the assistance of everyone that has an interest in the welfare of the youth of our country. We are not condemning any existing programs. All we are recommending is that these programs be ongoing and strengthened in whatever manner is possible by school and community cooperation. The PTA in their approach in

the homes should be a terrific force for positive action on this problem. Again, the school should complement the work of the PTA with appropriate activities in the school. Any activity which will support the individual who does not wish to start or wishes to quit smoking should be encouraged.

Our Project has an Advisory Committee accumulated by selecting individuals over the country, not from any one area. We have nine fine individuals on our Advisory Committee. They met in Washington, D. C., and as a result of that meeting, we now have scheduled a National Leadership Development Conference on Smoking and Health Education in Washington, D. C., November 3 December 1-2. Attendance at this Conference is by invitation only. We are inviting from each of the six American Association for Health, Physical Education, and Recreation's districts one chairman and six assistants as a nucleus for a team. I might read you the purpose of the Conference which may clarify somewhat why we chose teams: <u>The purpose of the National Conference is to develop regional leadership teams that will mobilize manpower in designated geographical areas to provide educational programs for smoking and health education</u>. The teams have been screened by the Advisory Committee. We wrote State Presidents, District Presidents, Presidents-elect, State Boards of Health, State Directors of the State Board of Health, and we included a copy for the Director of Health Education Division, requesting they send us names of individuals to be screened for invitation to the National Conference. We will be inviting representatives of the National Association of Secondary-School Principals,

Department of Elementary School Principals, American Association of School Administrators, Association for Supervision and Curriculum Development, Classroom Teachers, American Public Health Association, Society of State Directors, National Congress of Parents and Teachers, American Cancer Society, National Tuberculosis Association, American Heart Association, American Medical Association, American Dental Association, Committee on School Nurses. So that when we come down to the local level, as Dr. Baughman was talking about the "mud level," all of these groups with whom we must work will understand that they have been represented from the very beginning. We are asking for as much representation as possible to attend this Conference--again, the purpose is to satisfy the interagency and interdiscipline approach so no one can point the accusing finger at us later on and say look, you are asking our teachers to help, but what happened way up there? We are hopeful we can show them the relationship from the top level conference to the local level. We have for our National Conference a very able director. One with whom you are quite familiar and many of you love, especially if you received an "A" while in his class, but some of you may feel differently if you didn't. Dr. Willis Baughman is the director of our National Conference. All the problems we have encountered developing and staging the Alabama Conference we hope to eliminate in our National Conference. Many of the good elements developed here will be repeated on a larger scale at the National level.

Now, what is ahead for the future? Well, we have big plans. The same plans that you have here in Alabama we have for the National. Hopefully, we will schedule district meets in each one of these areas designated by AAHPER structure. These will be more or less controlled by the nucleus that we are bringing--the Regional Leadership Teams. They will get themselves a planning committee for that district. And from that planning, we hope that we will get a good, constructive district conference, and eventually we will work down into the states. This immediately shows you how far ahead you are here in Alabama. But, you know there is always method to madness, and we are hoping to use the experience that you are having now to assist us with other states, with other districts, and other small conferences, because we will look at the strengths as well as the weaknesses of this particular conference and your future conferences. Wherever there are weaknesses reflected or manifested in any way, we would hope that we can strengthen them before a subsequent conference is held, and we are doing this nationally as well. We are hopeful of coming out with guidelines for states that might be interested and write in about the possibility of a state conference. I have had some states already inquiring, "can we have a state conference," and the guidelines developed here will be sent to them.

I think one thing that Dr. Lilly said about the problem of youth--there is a bright side to that dark picture. I think based on all the facts that are available today, available to the parents--you, me, the rest of the parents before they

began their smoking behavior, that youth today has the information available to them that places a greater responsibility on the youth. Since with all this information available they now have the opportunity of molding their futures, which way will they go? The youths' parents did not have the opportunity to mold their future as the youth of today. So I do believe there is a bright side for our youth, but again, it takes a decision on their part. They have the ammunition, they can mold their futures, they can turn the dark side, that dark cloud, into a brighter side, a cloud with a silver lining, if we can impress upon them the responsibility that they have to save the youth of America. That is what we are hoping. That is what our Project has as the ultimate goal. How successful will we be? Our success will be determined by the degree to which concerned leaders see the need to assume their responsibility, much more effectively than they have in the past. If they are going to assist youth in molding opinions and in molding their futures, a better job must be done by the schools, the homes, and the communities. This is our goal, and I hope that each and everyone of you sitting in this room will be behind us, not me, but behind the movement. Get on the bandwagon and we will move far, wide and successfully.

Thank you very much for listening.

BEHAVIORAL ASPECTS OF LEARNING--IMPLICATIONS TO SMOKERS

by

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Historically speaking human nature has been largely characterized by discussions of or pertaining to motivation. Human nature and thus behavior has been viewed either from the Calvinistic concept as fixed, sad, irrational, and selfish or from Rousseau's position of man as free, good, rational and altruistic. The views held concerning the nature of man have naturally determined the direction of the educational institutions.

The study of human behavior is a complex problem, so encompassing as to extend into the fields of medicine, biology, psychiatry, psychology, physiology, and other social sciences as well as to education. In attempting to deal with the "behavioral aspects of learning" it would be presumptuous of me to assume that I could in any way deal with all facets or causes of behavior, therefore I shall discuss only those aspects which are, I hope, of most concern to the educator. I shall approach the problem from the orientation that all behavior is learned and thus a highly individualized matter.

Behavior, then, is determined by the interaction of experiences encountered in the home and society. Let us first consider the growth process itself for a moment. We shall then rather than enter into the traditional argument of the S-R and perceptual theories of learning, consider the psychological influences of the home and society on learned behavior and the self-concept. These, I believe, are major determinants of learning, yet are often ignored in the teaching process.

When considering the growth process we know that we bring into this world a genetic inheritance involving a complex nervous system, a physical structure and a biochemical system, which seems to be not yet clearly defined. Given these basic "tools" with which to work the child will go through stages of growth. These stages are not entered into or completed at the same age. However, according to the Piagetian Theory we can assume that the sequence of the stages of cognitive development are consistent and Tanner reports evidence which suggest that certain physical growth patterns are also followed. The rate seems to vary with different cultures.

Gordon (1962), Havighurst (1952), and Hunt (1960) suggested that the basic human needs can be divided into biological or organic needs and psychosocial needs. These needs are the internal motivating forces of behavior. The biological needs are primary and must be satisfied before the individual can focus on other needs and concerns. However, other motivational forces are perhaps responsible for the socializing behaviors contributed to humanism.

These social and psychological behaviors are learned in the process of growing up in a social environment. The individual's interpersonal satisfactions and his group status will facilitate or retard psychosocial growth. These psychosocial needs become equally as important as the biological needs in achieving self-realization.

Let us digress for a moment to discuss a point which has concerned me for many years. When speaking of interpersonal needs we usually talk of the human need to be loved. In education we have used the cliche "a good teacher loves children" so often that at times it becomes meaningless. I think in doing this we have ignored a vital aspect of learning . . . that aspect of acting. I am suggesting that we assumed that to be loved or acted upon was sufficient. I would like to suggest that in the area of interpersonal learnings, just as Lewis has suggested concerning language development, the child must have the opportunity to initiate the act. That is, he must have someone to receive his love as well as someone from whom to receive love. This I suspect enables the child to see himself as an initiator . . . a person who is capable of giving as well as receiving. It seems to me that we often fail to take the time to allow the child to love us. Perhaps the age old problem of taking time to listen and seeing how the situation seems to the child is the issue here also.

To return to the dilemma of human learning via psychosocial development, Havighurst (1962), and Zeller (1962) suggest that the need for group status is one of the most powerful motivating

forces directing human behavior. Havighurst suggest that during the adolescent years the school is the laboratory where the values of the parents are tested for acceptance by one's peers. The effect of the acceptance or rejection on one's values by the peer group will be largely determined by the concept one holds in regard to his own human worth.

Let us not assume, however, that all behavior is group orientated. I think we can see from such groups as the "hippies" that the need to be an individual with purpose is a powerful force in behavior. You may say, but the hippies are a group. They are, however, a group composed of individuals from groups with different values, goals and expectations than their own. They have not found direction or purpose in their own group and thus seek ways of finding purpose. This need for self-realization as a force in learning can be seen by the infant who when learning to walk falls, but gets up and goes again. It can also be seen in the athlete who ignores pain in order to succeed.

We have said that all behavior is learned and that learning is a function of experience. We have, likewise, indicated that what one experiences and thus learns is dependent upon his needs. It is tenable then to postulate that as experiences vary from one to another so do needs. We cannot look at growth via one dimension, assuming that as one aspect of growth is achieved the others are also. In today's society educators must approach the learner as one who learns through the dimensions of the cognitive, personal-social and physical-motor. Human behavior is a result of the interaction of experiences via these dimensions.

The three are not separate, but might be viewed as "enterlapping" circles. Each receiving and initiating information processing. Each responding to and being responded to. To illustrate let us visualize a teenager who for the first time is about to light a cigarette. His visual and tactual cues send messages to the cognitive schemata, which processes the information. All the cognitive information or shall we say facts concerning smoking interact with his personal needs and societal expectations to arrive at the decision to smoke or not to smoke. It is doubtful that he would smoke if his senses of feel, smell and taste were destroyed or if his personal-social experiences did not include smokers as desirable role models. It is likewise doubtful that he would smoke if his cognitive structure was such that it did not include a category cigarette or smoking. All I am saying is that it is no longer tenable to be concered with only one aspect of development. If we are to be successful we must view the child as an interacting organism and cease to speak of affective, cognitive and physical development as though they are separate and discrete facets which stand alone. Learning and thus behavior is dependent upon interaction, thus in considering the behavior we must consider the experiences to be dealt with in all three aspects.

Let us not belabor this point further. We shall now consider the influence of the home on the behavior of the child. The home is the first laboratory within which the organism experiences expectations and demands. It is here that the child either learns or does not learn that he is a worthwhile

human . . . one who can develop the competencies to cope with a changing world.

In discussing the role of identification or emulation (I mean emulation rather than imitation for I think this is often a conscious process) in learning, Bandura, Ross and Ross (1963) suggested that children model themselves after adults who have the power to reward and to punish them. Most often the parents are the controlling forces in the child's welfare, therefore, parental figures are instrumental in the development of role identification and behavioral models. From the work cited by McClelland (1961) and Moss and Kagan (1961), one concludes that the level of achievement motivation is dependent upon the standards and expectations of the home. Furthermore, from these studies one might conclude that children who develop desired behavioral patterns and achieve a high degree of self-esteem as adults are those whose parents not only insisted on certain behavior and high achievement, but, and perhaps of more importance, also saw their children as being competent, worthwhile human beings.

"As the twig is bent so grows the tree." When interpreted from an experimental view, we know that the direction of the "twig" (child) and thus the status of the "tree" (adult) is established early in the home. Studies made in institutions where children received little or no mothering show that when the child is deprived of adequate mothering retardation will occur in all areas of development.

The father is also a significant factor in behavior. He is

the male from whom the boy formulates his role identification image. He is often seen by the child as the controlling figure and thus his behavior serves not only as a model for the male child, but as a male image for the female as well. That is to say, if the father drinks and/or smokes then both the male and female child are more likely to view the adult male as one who should drink and smoke than if the father did not drink or smoke. If the father and mother smokes, there is a 50 per cent higher probability that children will smoke.

The home, then, is the place where patterns of social interactions are formed. From the home the child develops views of his competencies and ways of behaving in given situations. That is to say, he develops early, basic ways to cope with stress and frustrations. These behaviors are learned through the process of information processing and role imitating or emulating. Studies show that not only will forces such as parental expectations and behaviors affect the way the child deals with experiences, but influences such as the child's position in the family, and his interaction with siblings also play a vital role in his self-concept. (Gordon, 1962).

The interactions in the home provide the framework for later learnings. As educators we must, however, remember that the framework is not the finished product and that interpersonal experiences with the teacher as well as other school experiences play a vital role in determining the self-concept of the child.

Let us for a moment consider other aspects of society which influence behavior. For example, this country is a complex

urban, republican, capitalistic society. Although Freud and many personal-social theorists ignore that children's cognitive needs vary from one culture to another, I suggest that it is not tenable to do so today. We cannot ignore the necessity for the child who is to see himself as competent, because he is in fact competent, to possess communicative and manipulative skills not necessary in lesser developed countries. Let me hasten to say that I do not mean skills to manipulate people for the sake of manipulation, rather skills to manipulate or change if you will, experiences which should be changed for the individual involved. Skills which would allow us to provide richer experiences for the individual who does not process information as we do. Neither can we continue to ignore the force of status symbols on the behavior of people. We know that clothes, for example, to a child can be a very important determinant in his self-concept and I suspect from looking at the dress of adults today that clothes are also important to them. Status symbols, like experiences, vary but we must recognize their impact on behavior.

Today's society is a nuclear unit. Mobility has often caused community ties and family ties to be superficial and tenuous. In today's society community ties are often focused on those elements of interest in the community other than the family.

As a consequence, we find that the mass media of communication is becoming more influential in developing the attitudes and values held by our youth. As early as 1959 Dybwad suggested that the mass media was challenging the standards of the parents

and thus perhaps introducing different moral codes than those of the parents. These forces have made it difficult for families to control the experiences of their children. The behaviors of children have, I suspect, been influenced more than many of us care to admit by mass media. From mass media youth acquire heroes with whom to identify, and often without the recognition that the behavior depicted by the hero is itself not real, but staged. Perhaps this suggests possible reasons for frustrations often expressed by today's youth. Frustrations expressed through behavior which seems appropriate for the occasion, but when enacted is not at all appropriate.

In discussing those aspects of behavior due to societal expectations, Havighurst (1962) suggested that some of the most significant behavioral characteristics are due to social class expectations. He postulates that the lower class, for example, identifies only with their group and feel little responsibility toward people outside the group. Due to the differences in role expectations the behaviors appropriate in a situation for the lower class are different than for the middle class child, therefore, behaviors appropriate in one situation become inappropriate for what appears to be a similar situation in a different setting.

We have perhaps spent too much time discussing the family and society, however, it seems to me that this is necessary if we are to understand differences in behavior. I would further like to conjecture that these experiences determine to a large extent the behavior of the child in any given situation.

The cause of behavior, as advanced by Combs, Maslow and Rogers, is due to how one views the situation. All behavior is purposive and lawful. This concept of behavior forces us to examine not only what one does, but how he sees his behavior and the situation which produced the behavior. The "self" then is the mediator between the outside world and the individual. His experiences with his family and other aspects of society will determine how he views the situation and thus the subsequent behavior of the individual.

When the child comes to school, he has a concept of self from his early experiences. The school, however, is also a laboratory where the self-concept is varified or changed. The direction of change or varification is dependent upon the similarity or differences of the home and school. If the child has a view of himself as inadequate, we know that by experiencing situations in which he is adequate, his views of self will change. Likewise, if the child experiences constant failure in school, he begins to see himself as inadequate.

Combs and Snygg have postulated that the self has stability and that if information is not congruent with the self we reject it. Self is formed from experiences with others with whom the child identifies. Visualize the child who is told that smoking causes cancer and is related to other diseases. This child knows that the person with whom he identifies smokes and he sees him as an important person. Much of the way the child views his own potential is due to his experiences with this significant other person. What then is the child most likely to do . . .

does he reject the significant other or does he reject the information as not being meaningful to him. I suspect the latter is usually true. People learn from experiences . . . not from being told, but from the experiences they have.

I pose this question for a reason. Is it not possible to help children understand why people smoke? Could we, by discussing reasons why people behave as they do, let the child identify with and yet not accept all aspects of the other persons behavior? We certainly know that fear has not been effective in changing behavior. It is evident that knowing the "facts" has not caused people to reject persons who smoke nor has it caused them not to smoke. I am suggesting that if we are to change the current patterns in smoking that it will be necessary for educators to focus on many issues. Some of these issues are:

1. First we must help children understand themselves by understanding why people believe and act as they do. This is not a six weeks unit, but rather a lifetime endeavor. In this process the scientific information concerning the effects of smoking will be given.

2. It seems necessary that we work with the parents to help them better understand the impact their behavior has on children. It is what they do, not what they say, that affects behavior most.

3. We must help youth find alternative behaviors once they understand why. It is not enough just to know why. If smoking meets a need, what other behavior will also meet the same need?

4. Mass media must provide heroes in roles depicting

non-smokers. This will be difficult, for mass media is dependent upon advertising and the tobacco industry is certainly a large contributor to advertising.

5. Perhaps the thing we can do immediately is to help those people with whom the school age child spends most of their waking hours, the teachers, understand why they smoke and the impact their behavior has on the youth with whom they are associated.

6. We can and must also let the student be the actor. He can tell us ways to initiate meaningful experiences for the student which might curtail smoking.

What have we said about behavior? We know that all behavior is learned. What people accept into their experiences is due to:

1. Their goal
2. The openness of their field
3. The opportunity . . . information
4. How one views self
5. Time
6. The physical organism being able to attend to the opportunity
7. The need

Where are we then in this problem of smoking. We are indeed faced with a challenge, as Mr. Davis can well tell us. Although I see no easy solution, I am confident that we have the resources to combat this problem. These resources must be utilized . . . the time to start is now and the place is here . . . let us

tomorrow not be faced with the vision depicted by Stevenson as:

"We live in a world of words
Where the verbs and adjectives flow,
Where the action never takes place
Thus a sea of sorrow flows."

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BIBLIOGRAPHY

Bandura, Albert, Dorothea Ross, and Sheila A. Ross. A Comparative Test of the Status Envy, Social Power, and Secondary Reinforcement Theories of Identificatory Learning. Journal of Abnormal and Social Psychology, 67, 527-534, 1963

Colemans, J.S., Social Climate in High Schools, U.S. Office of Education, Publication No. OE33016, Cooperative Research Monograph No. 4, 1961.

Coleman, J. C., Personality Dynamics and Effective Behavior, Scott, Foresman, 1960.

Dybwad, G., "Family Life in a Changing World," Child., Jan-Feb. 1959, 6:3-9.

Gordon, Ira J., Human Development. Harper and Row, 1962.

Havighurst, R. J., Developmental Tasks and Education, Longmans, 1952.

Havighurst, R. J., and Neugarten, B. L., Society and Education, Allyn & Bacon, 1962.

Hunt, J. McV., "Experiences and the Development of Motivation: Some Reinterpretations," Child Develop ent. September 1960, 31, 489-504.

McClelland, D. C. The Achieving Society, D. Ban Nostrand, 1961.

Moss, H. A., and Jerome Kagan, Stability of Achievement and Recognition Seeking Behaviors from Early Childhood Through Adulthood. Journal of Abnormal and Social Psychology, 62, 504-513, 1961.

Reissman, F. "The Culturally Deprived Child: A New View," School Life, April 1963, 45:5-7.

Zeller, W. W., "Attitudes Toward Adolescents," in Society Challenges the Individual, Report of the Mental Health Lectures in Hartford, Connecticut, March 1962, Connecticut Mutual Life Insurance Company, 1962, 12-19.

CURRENT RESEARCH AND PROJECTS ON SMOKING AND HEALTH

by

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The results of cigarette smoking constitute a National health catastrophe.

In spite of the wonders of modern day health and medicine, they really have no satisfactory "cures" or preventive services for the results of cigarette smoking.

A "safe," satisfying cigarette is not just around the corner. The cigarette industry--the tobacco growers and producers, and the massive system for promoting and handling sales--are not going to just fade away.

The all pervading climate of acceptability for cigarette smoking is not going to shift readily to one which evidences substantial unacceptability. It is ironic that we do have an obvious readily available solution to the problem. All we have to do is get about 40-50 percent of our people to eliminate a relatively simple everyday practice--and then prevent our youth from taking up the practice.

As you know, however, it is just not quite that simple! Educating individuals to make a personal decision to not do

something that about one-half the people <u>are</u> doing and having that decision prevail over time <u>is</u> going to be tough. This is particularly true with youth when their image of being grown up and independent includes the smoking practice; when their friends, parents or other models smoke, and when the hazards of smoking are completely beyond their immediate personal experience and confined to middle age. Lined up against us, in support of smoking, are many strong forces.

<u>First</u>, smoking remains socially acceptable: 49 million do it. That is 42 percent of the adults; or, about ½ of the men and 1/3 of the women. Among youth, about ½ smoke regularly upon leaving high school.

<u>Second</u>, youth (like adults) are under a variety of stresses; and for many, at least, cigarettes supply the crutches, reliefs or gratifications which apparently cannot be satisfied in other ways.

Then there is the tobacco industry--big and poweful--involving $8 billion per year and 3 million employees--$194 million goes into TV advertising and another $37 million into radio advertising.

The tax revenues are substantial. Governor Rockerfeller recently reported that New York State lost $40 million last year--through "buttlegging of cigarettes and counterfeiting of tax stamps."

<u>Finally</u>, so many adults--including parents, teachers, and even health authority figures--are <u>not</u> serving as good examples. Or, if they <u>are</u> hooked, are not making best use of the fact with youth.

So at this Conference you are not dealing with "another categorical health entity." You are not talking about just one more annual campaign objective or transitory health interest that will become something different next year. You are not focusing attention on a matter which concerns only a relatively few people. You are not considering a situation in which it is only abusers of a privilege or substance who get themselves and a few others into trouble. You are not talking about something which can or should be prohibited by legislation or other forms of infringement of individuals rights and responsibilities.

Our task here--as parents, teachers, youth leaders, adults in image roles, mass communicators, health professionals or representatives of official and voluntary health, education, or welfare agencies--is to become more sensitive to and informed about this smoking catastrophe. At the minimum, most of us need to remember that we serve as examples. Most of us also have active contributions to make along the lines of reaching youth and adults with the facts, motivating them to make wise decisions about their personal health practices, and helping them to develop the inner strengths to ward off the contradictory influences which surround them.

Because of the tendency to shift responsibility for many problems onto our schools, it is important to remember that they cannot possibly achieve our ultimate smoking and health education objectives alone. We must recognize that many powerful influences in and out of the school shape behaviors and attitudes of our youth. Even the outstanding, imaginative, creative,

hard working, well-supported teacher and school curriculum may be no match for these other forces which are encouraging youth to smoke.

Those who think that within the schools there are simple answers to this situation or who think that some other superficial form of education manipulation will significantly reduce the problem are destined to frustration and failure. We currently have very little evidence that our efforts in schools are having great impact on changing smoking practices or discouraging boys and girls from entering the ranks of smokers. We have a few reports to the effect that schools with organized smoking and health education programs have higher rates of smoking than schools without such programs. Most of us have serious questions about the reliability, validity, interpretation, or implications of these reports and feel strongly that the schools do make a solid and crucial contribution.

In any case, the need to find successful education approaches is very great. Certainly school, college and university people have a major role to play. At the minimum, it seems imperative for all teachers to do all possible to reinforce what other community health and education forces are attempting to accomplish. Smoking and health education in schools does appear to be discouraging and fruitless when we rely:

-- On shotgun and annual one-shot large audience approaches to pupils and teachers;

-- On materials oriented approaches to changing teachers and their teaching practices;

-- On didactic methods, harangues that smoking is bad and moralistic approaches;
-- On reiteration of the same old message, the same old materials, and the same old methods year-after year, and
-- On approaching smokers and non-smokers with over simplified methods.

It is imperative that we develop more vital, meaningful ways to reach teachers and pupils.

Many research, experimental and demonstration projects and innumerable on-going daily activities are underway with the hope of better meeting the health hazards associated with cigarette smoking. While each by itself seems quite insignificant and no match for the opposing influences, the projects do hold hope for finding valuable clues as to how we can be more effective. Combined, they hold great promise.

Model of Smoking Behavior Change

One of the most promising endeavors is the emerging theoretical framework or model of smoking behavior change. This major research undertaking has great implications for health education, including that in our schools.

The first dimension of the model is concerned with motivation--or, why do or should people engage in smoking behavior? Or, why should they consider changing it? Current smoking education tends to concentrate on mortality, morbidity and other health-related considerations. That is understandable and appropriate because smoking is resulting in a first magnitude health problem. It does account for five times as many

deaths each year as automobile accidents. Cigarette smoking's costs in morbidity are high. It has negated most of the gains in life expectancy made in the last forty years or so. But, we must remember that there are other strong motivations which might also serve our health education purpose. These other motivations may well hold more significance for many of our youth. They may also be much more salient to people not so health-oriented as we. Thus--the motivation to be the right kind of example can be a strong influence promoting behavior change. In my personal experience with friends and project personnel, this has been the most often stated reason for finally kicking the habit. Its potential for reaching smoking teachers, parents, youth leaders and others concerned about their image with youth is very great. We need to make much better use of the motivation to be a good example.

Another motivation centers on economic matters. Just last week at the kickoff of the American Dental Association's Smoking and Health Project, a young dentist, well informed on the health hazards of smoking, noted that he stopped only after several patients commented on his cigarette-stained, smelly fingers. It was the economic threat that reached him. We know also that some youth have trouble financing cigarette purchases and that given the right kind of support they might prefer to divert their money in other ways. It is common to hear people say they quit because they were fed up with ruining clothes, rugs, furniture and the like.

Mastery, or the strength to be in control of one's self and

destiny is another motivator. Again with adults, one frequently hears a person say they quit because they decided it was stupid to be dominated by such an insignificant habit. How many of the half of our kids who do not smoke don't do so because they want to exert their own intellectual control? Or because they want to be "independent" or even to rebel against that half of the adult population who do smoke? How many youthful smokers or potential smokers might we recruit to non-smoking ranks if we could effectively appeal to this concept--if lower grade teachers could help children (even more than they now do) to build ego strength, to help children develop skills in reaching their own decisions and not always to go along with the crowd?

The second dimension of the framework concentrates on the health component of smoking behavior change. It zeroes in on the individual's perception of the health threat. First, of course, the individual has to be aware that a threat exists. All our surveys indicate that we have done marvelously in this regard. The vast majority of people, especially heavy smokers, do know that cigarette smoking is hazardous. Further the majority of respondents in our studies, including cigarette smokers, feel that it is the government's business to do something about cigarette smoking. Most people, particularly cigarette smokers, know of the warning label and think it is about right in tone. But they do not see it having much effect, particularly upon themselves. There is a consensus, even among cigarette smokers, that cigarette companies should be required to put on the package the amount of tar and nicotine in their

cigarettes. A little over a third of our respondents agree that cigarette advertising should be stopped completely. (Cigarette smokers are least inclined to agree.) On the other hand, the majority of cigarette smokers think that all cigarettes are equally hazardous. Forced to a choice, they feel the brand they smoke is relatively less hazardous. Further, most cigarette smokers feel they definitely or probably will not get any of the diseases that smoking is supposed to cause (regardless of the type of cigarette that they smoke).

Knowledge is not enough for behavior change however. Through education we now need to help people perceive and accept that the threat is an important one (even for non-smokers) and that it is a personal one that can indeed do serious damage to him and his family. Finally we need to find more effective ways to help people perceive that they can do something about the threat. On this point, we have much going for us in view of the fact that even long-time heavy smokers show improved physiology and mortality and morbidity rates after stopping the practice. Even modification of smoking techniques can reduce tar and nicotine intake and thereby reduce the hazards. We need to inform and educate people about this fact.

A third dimension of the model deals with the psychological factors that must be handled by the individual if his smoking behavior is to change. While some effort has been made to gear this dimension to the youth age smoker, more work needs to be done before it will have real utility. There is the distinct hope, however, that techniques can be developed to predict those

youth who are likely to become smokers. Elements of this dimension should then prove helpful in developing content and methodology for effective preventive education approaches to selected groups of youngsters. In any case, based on the work of Tomkins, we now differentiate smoking behavior into four categories.

-- First there is positive effect smoking--smoking that is characterized as stimulating, exciting, relaxing, or enjoyable. The largest proportion of adult smokers fall predominantly in this category. Relatively speaking, they are an easier smoking type to change. The main education task is to convince them that it is worthwhile doing. We feel they can be motivated through mass communication. While it may be tough for them to change and give up something they find pleasurable, if they decide to do it they probably can do it without help. Again, the main task is to convince them that the benefits of stopping outweigh the gratification of continuing--and to make them aware of the forces that can easily get them back on smoking.

-- Second there is negative effect or sedative smoking. Here the individual smokes to reduce feelings of fear, shame, disgust or the like. He seeks sedation through the cigarette. These individuals find it very tough. They can give it up but they have a hard time staying off--there are just too many temptations to use the old standby when things get rough. These people need strong reinforcing mechanisms--mainly to stay off. They also

need to find other less hazardous crutches to help them through periods of trial.

-- A third type of smoking is no affect or habitual smoking. This kind of smoking may have started with either or both of the previous two types but it is no longer connected to the original psychological uses. It is smoking almost without awareness that it is being done. There are no feelings--it is just habit. A small percentage of smokers have exclusively this characteristic. They are among the easiest to change. The problem is one of breaking down the automatic nature of the habit--making them learn to be aware of when they are smoking.

-- The fourth type is addictive smoking. Here, the person smokes both to increase positive affect and to reduce negative affect, but it is now intensively focused on the cigarette, itself. Negative feelings arise when he does not have one and positive feelings arise when he smokes. He has organized the whole phenomenon in such a way that there is psychological addiction. For some smokers in this group there is a combination of the addictive element and a high negative affect component. This combination probably presents the toughest situation for smoking behavior change. The "crutch" is needed for "crises" that continue to occur and the cigarette has also become not just a means to manage emotions but an emotional "end in itself." Breaking the addictive cycle and staying off are both difficult--they have to go through withdrawal

and also learn not to use the cigarette as a crutch to manage negative feelings. It is the latter temptation that probably starts them smoking again. Other smokers in the group are addictive without much of a negative affect component. This is a tough group but they can change. It is hard for them to quit, but once off they can stay off.

In general, for all types of smokers, our educational task involves motivating them to change, giving them insight into their own smoking behavior and their environment as it impinges on their smoking so that they can figure out how to quit or be given additional help if they cannot.

The most pertinent point here is that education programs to change smoking behavior must take into account these basic differences in the way cigarettes are used to help manage feelings. A major current Clearinghouse research activity involves the development, testing, and perfection of instruments to serve in diagnosing types of smokers, in developing the practical "treatments" for each type and in developing strategy for use of these devices and techniques with mass audiences as well as with individuals in private or group situations.

The <u>fourth dimension</u> of the model is concerned with external factors that reinforce changes in behavior. Here we turn our attention to the social forces which bear on people--the mass communications influences; the attitudes and examples radiated by key groups such as health authorities or teachers, and the

smoking behavior of relatives, friends, or people with whom one works or otherwise comes in contact. Also important is the general level of acceptability for the behavior.

A group at the University of Illinois are in the second year of a modified replication of Horn's 1958 Portland Study. Approximately 26,000 junior and senior high school boys and girls from sixty schools are involved. Major modifications from the earlier study include the addition of junior high school age pupils and rural pupils, updated materials, and an additional method built around a student-centered approach. The major objectives of the first phase of the study included:

1) Determination of the effect of recent developments, such as the Surgeon General's Report and labeling of packages, on youth smoking practices;
2) Determination of the rate and distribution of smoking among junior high students and among rural youth;
3) Reassessment of those factors which Horn found to be associated with youth smoking;
4) Re-evaluation of Horn's five different mass communication message themes in terms of their effectiveness in preventin youth smoking, and
5) Contrasting the effectiveness of a student-centered approach with Horn's "remote" and "contemporary" mass communications themes.

The mass of data is currently being analyzed by calculating the smoking net recruitment rate, measuring the changes in proportion of smokers, and measuring the changes in attitude scale

scores. The project runs for two more years. The individually indentified pupils will be followed, and additional research hypothesis will be developed and tested during that period.

Preliminary Illinois Findings

-- The percentage distribution of smokers (regular and occasional) ranges from 10.8 percent of the seventh graders to 29.9 percent of the twelfth graders. Each successive school grade has a higher percentage of smokers than the preceding grade, irrespective of sex.

-- The proportion classified as "Never Smoked" declines steadily among both sexes during the six school years; however, it is noted that a general leveling off process occurs by the eleventh grade.

-- The sharpest decline among the proportion of students who "never smoked" occurs between the seventh and eighth grades. Findings suggest that the eighth grade is a critical point in determining whether the student will become a regular smoker or an ex-smoker.

-- Parental smoking behavior, again, is related to the smoking behavior of junior and senior high school students. The percentage of cigarette smokers among students is lower when one parent is an "ex-smoker" than it is when both parents are "current smokers." If one or both of the parents have discontinued smoking and neither are "current smokers," the rate of student smoking is almost as low as it is when neither parent has ever been a smoker. This is particularly noticeable among the

female sex; the smoking behavior of boys tends to conform more closely to that of their fathers. Smoking behavior of the mother appears to have very little influence on boys or on girls.

-- The rate of smoking among high school youth is inversely related to the education level of the parents.

-- There is a relatively higher proportion of smokers among those students who are above the "model" age for their class grade.

-- Boys who do not take part in interscholastic athletic activities have a higher rate of smoking than those who participate in organized athletics. There is a higher percentage of male smokers among seventh grade athletes than for non-participants.

-- The percentage of smokers is relatively higher among students who do not participate in school activities other than athletics. This trend is more noticeable among boys than the girls.

-- Educational expectations appear to be directly related to smoking behavior, particularly in reference to attending college. Further education other than college does not appear to be a significant factor.

-- Among the current smokers (both regular and occasional) approximately half of the boys and almost two-thirds of the girls smoke regular filter cigarettes. Next in smoking preference for both boys and girls is the king-size filter brands.

-- Among students who smoke less than one pack a week, a higher proportion will smoke any kind of cigarette available. That is to say as a student's smoking behavior becomes more established he tends to develop a distinct preference for the filter cigarette.

-- There appears to be no particular environmental influence with respect to the heavy smoker. This type of smoker appears to smoke at any time or place. For the occasional or light smoker it appears that his habits of smoking are definitely a part of his group behavior.

Many people have suggested that youth are little concerned with the distant future, and that education programs emphasizing the long-range results of cigarette smoking are relatively unproductive. Pursuant to this, a group at San Fernando Valley State College are in the second year of a contract to determine the immediate effects of cigarette smoking. Carefully controlled work involving psychosocial background, fatty acids and triglycerides, expired air, heart action, blood pressure and chemistry, oxygen and carbon dioxide ratios, and work performance is being conducted on 400 college freshmen. One group being tested before and after smoking. The purpose is to develop new content and methodology built around the immediate effects of smoking. In the next two years the emphasis will shift to using the findings to establish major concepts, to identify behavioral objectives, and to develop prototype learning opportunities for the college, high school and junior high school levels.

A somewhat similar study is underway at Santa Barbara State

College under the direction of Robbins and Lichlyter. This project is built around the changes that occur in the Bronchial Epithelium of cigarette smokers. Based on these changes, work is proceeding with a group of students to see if such changes can be used as the basis of a personal health counciling procedure to affect changes in smoking practice.

Preliminary San Fernando Valley State College Findings

-- Differences were found between smokers and non-smokers in regard to their religious activities, academic experience, and social relationships. These findings will need further investigation to determine their specific educational significance.

-- Pre-test differences between smokers and non-smokers were found in certain clinical tests. Smokers had a higher level of triglycerides and fatty acid than did non-smokers. This may indicate that even though the individual had been smoking for a relatively short period of time (age group studied was 17-22), changes in blood chemistry that may have detrimental long range effects may already be taken place.

-- Expired air samples showed differences between smokers and non-smokers at the pre-test. Further refinements of analysis of expired air may provide a more accurate means of identifying smokers. This procedure may be an effective means of evaluating smoking behavior following educational programs.

-- Differences were found between smokers and non-smokers

on post-minus-pre tests (immediate effects) in the following areas:

A. Heart Action - Change in rate; change in T wave

B. Blood Pressure - Both systolic and diastolic during smoking and during exercise

C. Blood Chemistry - Clotting time and serum lipids

D. Oxygen and Carbon-dioxide Ratios - During work performance there was an indication that smokers were less efficient in their work task. Smokers had higher ratios of O_2 uptake and CO_2 release.

The observation on heart action, blood chemistry, and O_2 and CO_2 ratios during work may indicate that the young smoker is already undergoing changes that may have an effect on his future health.

In Portland, Oregon, nearly 12,000 pupils (and their teachers) in grades kindergarten through twelve from four school districts are involved in a six year project. It seeks to test some of the assumptions which may be relevant to an attempt to reduce the frequency of a complex, socially reinforced behavior (cigarette smoking) by means of an educational program in schools. The project personnel propose to test the hypotheses that:

An educational program presented by teachers AS THEY SEE FIT, without attempts to marshall parent, peer, or public media assistance, will increase knowledge, change attitudes and beliefs; and decrease cigarette smoking among pupils in the experimental district.

A second hypothesis is that certain beliefs, attitudes and knowledge of school children are predictive of later actual smoking behavior.

Additional studies will be undertaken to:

1) Survey knowledge, attitudes and smoking practices of teachers and administrators. The hypothesis is that teacher participation in teaching about smoking relates to their own smoking habits and attitudes. Attempts will be made to determine if deviations in smoking knowledge, attitude and practice can be accounted for by such possible variables as: ability to delay gratification; arousal-seeking behavior; and internal vs external control of behavior.

So far, the baseline work has been completed, teacher inservice education is well underway in the experimental district, and teaching materials are being developed. Individuals, pupils and teachers will be followed for six years.

Preliminary University of Oregon Findings

Compared with Horn's earlier study in the same area, it appears that while the same percentages of students are having some minimal experience with cigarettes, fewer are regular current smokers. In spite of all the usual efforts to match experimental and control groups, the fact emerges from the baseline data that the two groups are different on all but one major dependent variable. It is clear that the attempt to match the two groups on an array of demographic characteristics was unsuccessful.

Again there is a steady increase from grades kindergarten through nine in the percentage of students who report trying a cigarette. Most who ever try one will have done so by the time they enter high school.

-- The preliminary data suggest that by the sixth grade, there are some habitual smokers.

-- There is an increasing percentage of regular smokers through grade 12. With the increasing grade level there is an increase in boys who say they quit. This is not noted with girls.

Another action research project is underway in the San Ramon District of California. In this project intensive effort is being put into the development of smoking content as an integral part of the health education program which is simultaneously an integral part of the basic education curriculum of the school district. Intensive work started with only a few teachers from three grade levels. The different business of deciding just what concepts and objectives were pertinent to the grade level, pupils and teachers were determined. Then the methods and resources essential for day-to-day teaching of health were hammered out. Intensive teacher training for the few experimental-demonstration teachers was soon expanded to include more teachers from other grade levels and schools. The three-year project calls for expanding the program to all teachers, all grade levels, and all schools. Again experimental and control groups (outside the district) have been established and baseline and first-year-end surveys completed.

For several years now staff of the University of Nebraska Student Health Service have been interested in the influence that the college student has on his or her peer group. Believing that individuals in this period of early adulthood do exert strong influence on others of the same age, they established a Health Assistants Program. The Health Assistant is a man or woman living in one of the organized houses on Campus. He is a paid employee of the University Health Center who offers non-medical health services to house members. Among his or her functions is that of serving as an educational aide to provide information and promote health practices within the living unit. A research team was made up of two physicians, two nurses, a systems analyst, a public health educator, a psychiatric social worker, and a clinical psychologist. The total population of the living units was divided into an experimental group to receive the smoking education and a control group to receive all the other health education but nothing on smoking. A survey instrument was developed and applied. Next, a smoking education program was conducted for the Health Assistants from the experimental houses. It sought to: have the Health Assistants participate in discussions as to why they and other members of their peer group smoke or do not smoke; to learn the basic physiological, sociological and psychological factors in the process of becoming and remaining a smoker; and to identify way in which peers can educate their own group in the formal and informal setting of an organized Greekletter house. In Spring, a re-survey was carried out. Interviews were also conducted on a

random sample of 18 Health Assistants, to gather information concerning student's attitudes toward the Health Center, the Health Assistant Program, and the smoking education component. The data is currently under analysis and it is too soon to make any guesses about the potential impact of this approach.

Preliminary Nebraska Findings

While there apparently was no overall change from Fall to Spring that can be attributed to the Health Assistants education program, it was noted that smoking increased in the women's control group but not in the experimental group. Group attitudes reflected in all but two of the houses did shift in the direction of being less favorable to cigarette smoking. The only trouble is that the change occurred in both the control and the experimental groups!

The other comprehensive smoking education endeavors in which school people are playing a prominent part are located in San Diego and Syracuse. These five-year Community Laboratory projects seek to saturate each community with smoking and health education and resources for modifying the behavior of those already hooked. Door to door surveys to establish baselines were conducted prior to work in the two areas. Prominent in planning and conduct of activities in San Diego are five Commissions composed of representatives from appropriate organizations and professions. Thus, there are commissions on school and youth, mass media and communications, adults, health professionals and the military. Each commission is moving ahead rapidly to use their particular resources to reach their particular audiences. The

overall structure and program is under the direction of the San Diego Interagency Council on Smoking and Health. The Contractor is the San Diego Medical Society. Study schools have been selected and baseline surveys of pupil and teacher smoking knowledge, attitude and practice have been completed. Teacher inservice education and teaching resource materials are in the process of development.

These two community-wide endeavors should have particular importance to health education because they are built around the concept that many forces, in and out of formal schooling, influence what people know, understand, believe, feel and do about their own health and that of their family and community. If a reasonable level of reinforcement (through message and example) does not come from the family, peers, health authorities, adults in image positions and mass communications, then many of the objectives of health teaching in the school setting may be seriously short circuited if not made impossible. It <u>will</u> be interesting to see what happens to the experimental groups of youngsters who receive the stepped-up, in school smoking education when they live in a community setting where maximal reinforcement has been developed.

The National Congress of Parents and Teachers is in the second year of its project to reach all parents of seventh and eighth grade youngsters about the nature of the smoking problem. A heavy focus is placed on personal parent-to-parent contact and on the exemplar role that parents play. Another major objective involves stimulating parent and teachers groups to join in with

or stimulate development of community-wide smoking and health education efforts. Thirdly, the project seeks to encourage PTA units at all levels to find out what their school people are doing about the problem and to marshall appropriate support and resources for improving curriculum and parent education endeavors along this line.

The American Association for Health, Physical Education and Recreation, with Vince Granell as Project Director, is well along on its' leadership development project. A National Advisory Committee has met, a national conference of leaders from most of the States is to be held in late November, and State level implementation conferences are in the planning stages with the first to be held in Alabama this coming Monday and Tuesday.

The National 4-H Club Foundation has just hired staff and negotiated sub-contracts in New Mexico and Oregon to study and develop more effective ways for voluntary, professional, and official health organizations to work with voluntary youth serving groups on matters of better health education.

The Children's Bureau is focusing its major smoking effort on reaching youth leaders and youth themselves through organized voluntary youth groups and the Governor's Committees on Children and Youth.

A university is looking into preservice and post graduate training of teachers with the objective of coming up with data, ideas, and recommendations on how maximum use can be made of our country's teacher preparation resources.

A State Department of Education is intensively looking into its role--particularly with reference to State legal frameworks, the actual use of State guides for teachers, teacher inservice education, and better ways of reaching school administrators and boards.

The American Dental Association has just embarked on a program to explore the current preventive education practices that dentists employ with patients, and to find more effective ways for professional health authorities to play a maximal role in education about smoking.

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RESEARCH AND HEALTH PROBLEMS

SUPPLEMENTAL INFORMATION TO PRESENTATION

Selected Bibliography

Borgatta, E. and Evans, R. editors. 1967 National Research Conference on Smoking and Health. Madison, University of Wisconsin, 1967. (In press)

From Epidemiology to Ecology--A Panel Discussion. Smoking and Health in Transition. American Journal of Public Health and the Nation's Health 56 (12) supplement: 1-43, Dec. 1966.

Mausner, B., Platt, E. S. Behavioral Aspects of Smoking: A Conference Report. Health Education Monographs (New York), Supplement No. 2, 1966. 58 p.

U.S. Public Health Service. The Health Consequences of Smoking. A Public Health Service Review (Washington) U.S. Department of Health, Education and Welfare, 1967, PHS Publication 1696, 199 p.

U.S. Public Health Service. Smoking and Health. Report of the Advisory Committee to the Surgeon General of the Public Health Service. (Washington) U.S. Department of Health, Education and Welfare, 1964. PHS Publication 1103, 387 p.

U.S. Public Health Service. National Center for Health Statistics. Cigarette smoking and health characteristics, United States July 1964 to June 1965. Washington, U.S. Department of Health, Education, and Welfare, Vital and Health Statistics Series 10, No. 34, PHS Publication No. 1000, 1967. 64 p.

U.S. Public Health Service. National Center for Health Statistics. Mortality From Diseases Associated with Smoking: United States, 1950-64. Washington, U.S. Department of Health, Education and Welfare, Vital and Health Statistics Series 20, No. 4, PHS Publication No. 1000, 1966, 45 p.

U.S. Public Health Service. National Center Health Statistics. Mortality Trends in the United States: 1954-63. Washington, U.S. Department of Health, Education and Welfare, Vital and Health Statistics Series 20, No. 2, PHS Publication No. 1000, 1966. 57 p.

U.S. Public Health Service. National Clearinghouse for Smoking and Health. Bibliography on Smoking and Health. Cumulation 1967. (Washington) U.S. Government Printing Office, PHS Publication No. 1124, Public Health Service Bibliography Series No. 45, 1967. 523 p.

U.S. Public Health Service. National Clearinghouse for Smoking and Health. Directory of on-going research in smoking and health. (Washington) U.S. Department of Health, Education and Welfare, 1967, PHS Publication 1665. 221 p.

Zagona, S. V. editor. Studies and Issues in Smoking Behavior. Tucson, University of Arizona Press, 1967. 263 p.

Selected List of Current Smoking and Health Projects Relating to Schools Receiving P.H.S. (National Clearinghouse for Smoking and Health) Support

American Association for Health,
Physical Education and Recreation
Vincent Granell, Ed.D.
1500 Massachusetts Avenue
Washington, D. C. 20036

Contract Description: Conduct a nationwide professional educati leadership development program to achieve more effective smokin and health programs in schools and provide professional leadership and service on smoking to other divisions and departments of the NEA and other national organizations with which the NEA works.

American College Health Association
Jim Dilley
P. O. Box 9117
University of Miami Beach
Coral Gables, Florida 33124
Contract Description: Survey of smoking attitudes, beliefs and behavior of college students--samples of students in 50 colleges.

American Dental Association
Perry J. Sandell
211 East Chicago Avenue
Chicago, Illinois 60611
Contract Description: Conduct a program to study and further develop the preventive education skills of dentists as they work with patients.

Arizona, University of
Salvatore V. Zagonta, Ph.D.
Department of Psychology
Tucson, Arizona 85721
Contract Description: Smoking among high school students. Study of a number of psycho-social factors is being conducted on a cross-cultural basis with three basic cultural groups: Mexicans, Indians, and Anglos.

California State Department of Education
Miss Nancy Ott
721 Capital Avenue
Sacramento, California 95814
Contract Description: To analyze and describe pertinent State Department of Education in smoking and health, and to develop plans and programs to improve such services.

Illinois, University of
William H. Creswell, Jr., Ed.D.
Department of Health and Safety Education
Champaign, Illinois 61820
Contract Description: To develop educational methods and materials to reach the junior and senior high school students. This will be accomplished through a modified replication of the Horn-Portland Study to isolate factors of difference between smokers and non-smokers.

Indiana University Research Foundation
Dr. David Leonard
317 East 2nd Street
Bloomington, Indiana 47401
Contract Description: Production and distribution of TV spots and half-hour programs on smoking and health. The programs are being produced by various educational TV Stations and will be distributed to 130 educational TV stations.

National Congress of Parents and Teachers
H. Carl Smith, Smoking Project Director
700 North Rush Street
Chicago, Illinois 60611
Contract Description: Development of program to reach parents of all 7th and 8th graders in the country. Also seeks stimulation of community-wide activity and more intensive programs in schools. Includes use of pamphlets such as the PTA's His First Cigarette May Be a Matter of Life or Death.

National 4-H Foundation
Andy Eure, Associate Director
7100 Connecticut Avenue
Washington, D. C. 20015
Contract Description: Study voluntary youth serving organization activities in reference to what is being done about smoking and health, and what health and education resources are now available to do a more effective job of educating youth leaders and youth, and to develop and make better use of existing community resources for effective health education activities in these settings.

Nebraska, University of
Samuel I. Fuenning, M.D.
University Health Services
Lincoln, Nebraska 68508
Contract Description: Peer group education approach to college students through use of the health assistant's in selected student residence halls.

Resource Management Corporation
James L. Hedrick
7315 Wisconsin Avenue
Bethesda, Maryland 20014
Contract Description: The purpose of this contract is to develop a fact book on smoking and health which will bring together in a single publication as many facts as possible, bearing on the total problem of smoking and health.

San Diego Community Laboratory on Smoking and Health
Charles Althafer, M.P.H., Project Coordinator
440 Upas Street
San Diego, California 92103
Contract Description: This project will assist the San Diego Council on Smoking and Health to plan and carry out a county-wide five year comprehensive smoking educational program to test methods by which organized community action can change cigarette smoking habits.

San Fernando Valley State College
John A. Fodore, Ed.D.
Department of Health Science
18111 Nordhoff Street
Northridge, California 91324
Contract Description: Study of immediate effects of cigarette smoking for purpose of developing more effective education content, methods and materials (as vs long range effects of smoking

San Ramon Valley Unified School District
Richard L. Foster, Ph.D., Superintendent
334 Linda Lane
Danville, California 94526
Contract Description: Development and evaluation of a planned classroom instruction program in smoking and health.

West Virginia, University of
Fred Holter, Ph.D.
Health Education and Graduate Studies
Morgantown, West Virginia 26506
Contract Description: Study and analysis of the role of a teacher preparation institution, and investigation into the needs for information and help among their students and graduates employed in schools and development of plans for the institution to do a more effective job of preparing teachers in the area of smoking and health.

California, University of
W. T. Robbins, M. D., Director
Santa Barbara, California 93106
Grant Description: Study of early signs of living pathology in smoking college students by means of sputum cytology and maximum mid-expiratory flow rate and utilization of this information as a basis for counseling change in smoking habits.

New York, University of
Research Foundation
Larry S. Katzman
School Smoking Project Coordinator
304 Renwick Avenue
Syracuse, New York 13210
Grant Description: Junior-Senior high school smoking and health education project. Involves intensive work with smoking and health coordinators for schools.

Oregon, University of
Medical School
Richard L. Grant, M. D., Instructor in Psychiatry
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201
Grant Description: To test and demonstrate the hypotheses that 1) a smoking education program can be developed in schools without major shifts in basic curriculum; 2) questionnaire methods

can obtain information on the variables of attitude, knowledge, and practice regarding smoking; 3) a well developed education program in schools will affect the variables in and lead to a reduction in smoking; and 4) knowledge and attitude about smoking are predictive of smoking behavior.

Wisconsin, University of
Edgar Borgatta, Ph.D.
Chairman, Department of Sociology
Madison, Wisconsin 53706
Grant Description: Study of the attitudes and values of college students. Will investigate the relationship of changes in smoking attitudes and behavior among these students to social and psychological factors.

HIGHLIGHTS OF CURRENT INFORMATION ON OVERALL MORTALITY AND MORBIDITY*

1. The previous conclusions with respect to the association between smoking and mortality are both confirmed and strengthened by the recent reports. The added period of follow-up and analysis of deaths of nonrespondents as well as of respondents in the Dorn Study suggests that the earlier reports may have understated the relationship.

2. More information is now available for specific age groups than previously. A comparison of three ways of measuring the relationship indicates that cigarette smoking is most important among men aged 45 to 54 both in terms of mortality ratios and excess deaths expressed as a percentage of total deaths. Nevertheless, although both of these measures decline with advancing age, the increment added to the death

*The Health Consequences of Smoking. A Public Health Services Review: 1967: pp. 23-24.

rate, which reflects one's personal chances of being affected, continues to increase with age. For men between the ages of 35 and 59, the excess deaths among current cigarette smokers account for one out of every three deaths at these ages. For women, with their lower overall exposure to cigarettes, the comparable figure is about one death out of every fourteen at ages 35-59.

3. Women who smoke cigarettes show significantly elevated death rates over those who have never smoked regularly. The magnitude of the relationship varies with several measures of dosage. By and large, the same overall relationships between smoking and mortality are observed for women as had previously been reported for men, but at a lower level. Not only are the death rates for men who have never smoked regularly higher than those for women who have never smoked regularly, but the effect of smoking as measured either by differences in death rates or by mortality ratios is greater for men than for women. At least part of this can be accounted for by the lower exposure of female cigarette smokers whether measured by number of cigarettes, duration of smoking, or degree of inhalation.

4. Previous findings on the lower death rates among those who have discontinued cigarette smoking are confirmed and strengthened by the additional data reviewed. Kahn's analysis of ex-smokers in the U. S. veterans study--control-

ling for age at which they began smoking, amount smoked, and current age--reveals a downward trend in risk relative to those who continued to smoke as the duration of time discontinued increases. The British study in which a downward trend is reported in lung cancer death rates for the entire group (smokers, ex-smokers, and those who never smoked, combined) along with a very sharp reduction in cigarette smoking by the physicians is the best available example of a controlled cessation experiment with reduction of risks resulting from reduction of smoking. The findings of this Report support the view that epidemiological data showing lower death rates among former smokers than among continuing smokers cannot be dismissed as due to selective bias and that the benefits of giving up smoking have probably been understated.

5. Cigarette smokers have higher rates of disability than non-smokers whether measured by days lost from work among the employed population, by days spent ill in bed, or by the most general measure--days of "restricted activity" due to illness or injury. Data from the National Health Survey provide a base for estimating that in one year in the United States an additional 77 million man-days were lost from work, an additional 88 million man-days were spent ill in bed, and an additional 306 million man-days of restricted activity were experienced because cigarette smokers have higher disability rates than non-smokers. For men age 45

to 64, 28 percent of the disability days experienced represent the excess associated with cigarette smoking.

GUIDELINES FOR CONSIDERATION IN ORGANIZING A STATE CONFERENCE ON SMOKING AND HEALTH EDUCATION

1. An interested individual who is willing to work, contacts two or three other similarly inclined individuals to discuss the possibilities of doing something concrete about the problem of smoking among the school-age population in their state. The group should discuss the desirability of a State Conference on Smoking and Health with particular concern for the values that such an activity would have for the children, youths, teachers, and adults of the State.

2. The group should arrange and should approve a list of "key" personnel to be invited to act as a Planning Committee for a State Conference on Smoking and Health Education. Representation should come from the following:

   a. Supervisor of Health Education--State, County, etc.
   b. State Department of Education--Superintendent
   c. Supervisor or Director of Secondary Education
   d. Supervisor or Director of Elementary Education
   e. State Athletic Association
   f. University or Universities Chairman or Chairmen of Health and Physical Education
   g. Director of Public Health Education
   h. Public Health Nurses
   i. School Health Nurses
   j. Executive Secretary or State President of PTA or Health Chairman
   k. President of State Association for Health, Physical Education and Recreation
   l. College Association for Health, Physical Education and Recreation President
   m. Heart, Tuberculosis and Cancer representatives
   n. Secondary School Principals
   o. Elementary School Principals
   p. Medical Society
   q. Industry and Civic Clubs--in some states

3. Planning Committee agenda should include the following items:

   a. Objectives for the Conference
   b. Length, Dates & Site for Conference
   c. Director for Conference
   d. Program Format
   e. Suggestions for Speakers and Consultants
   f. Evaluative Procedures
   g. Materials for Distribution (folder to put materials in)
   h. Budget

Guidelines for Consideration in Organizing a
State Conference on Smoking and Health Education

4. The Conference should focus the programs for the following kinds of persons and groups:

   a. Teachers (elementary and secondary)
   b. Coaches
   c. Health Specialists
   d. Public Health Educators and other interested personnel
   e. School supervisors, Principals, and Superintendents--Counselors
   f. Consultants and representatives from voluntary health agencies closely associated with the problem of smoking and health
   g. Parents and other interested lay persons.

5. The objectives of a State Conference on Smoking and Health Education could be the following:

   a. To provide information regarding smoking and health for teachers, administrators, public health educators, voluntary agency personnel, parents, and others interested in this phase of health education.

   b. To establish a coordinated statewide effort in behalf of health education with special emphasis upon smoking and health.

   c. To work toward the reduction or prevention of smoking among the children, youth, and adults of the State.

   d. To identify leaders among teachers, administrators, public health educators, voluntary agency personnel, parents, and other interested persons who will be responsible for working in the state and district conferences to achieve these objectives.

   e. To give high priority to the problem of smoking and health in our own activities and to help the children, youth, and adults of the State to do likewise.

6. The state should be divided into districts where Conferences following the State Conference can be held which would make it possible for the maximum number of teachers to attend with minimum travel. Where possible, a site should be selected in each of the districts so that a representative of the institution can be present at the State Conference. Two or three persons from each district or geographical area will be invited to the State Conference charged with the responsibility of scheduling and conducting their district or geographical area conference. Some members of the State Planning Committee may be able to assist the various districts with planning of the area conferences.

7. Follow-up area or district conferences should be planned and scheduled as soon after the state conference is completed as possible. These conferences should be scheduled in an attempt to saturate the state with small 'grass-roots' type meetings for full implementation of recommendations from the state conference.

8. Evaluation of the various conferences, state and districts, plus a follow-up evaluation approximately six months after the conclusion of each district conference should be a part of the over-all planning.

FUNDS.

It is estimated that a State Conference on Smoking and Health Education would call for the approximated amount of $ 1200.00 to $ 1500.00. This figure covers costs of the following catagories:

a. duplication and printing of materials
b. office supplies, including postage, paper, stencils, etc.
c. secretatial services
d. programs
e. expenses for planning meetings
f. expenses for planning committee to attend the state conference
g. expenses of the leadership teams coming from each area in the state to attend the state conference.

E V A L U A T I O N F O R M

ALABAMA STATE CONFERENCE ON SMOKING AND HEALTH

I. Has this conference provided you with current information regarding the hazards of cigarette smoking to health?

( ) Yes ( ) No

If yes, to what extent (check appropriate space)

Excellent	Good	Average	Fair	Poor

II. Will the materials distributed as a part of the conference be helpful to you in your leadership role on smoking and health?

( ) Yes ( ) No

If Yes, to what extent (check appropriate space)

Excellent	Good	Average	Fair	Poor

III. Did the Discussion Work Sessions provide an opportunity for participation regarding your concerns in the area of smoking and health?

( ) Yes ( ) No

If yes, to what extent (check appropriate space)

Excellent	Good	Average	Fair	Poor

IV. What do you consider to be the major strengths of this conference?

1.

2.

3.

V. What do you consider to be the major weaknesses of this conference?

1.

2.

3.

4.

VI. What specific suggestions do you believe should be followed to improve future State Conferences on Smoking and Health?

VII. Other Comments and Suggestions

ALABAMA STATE CONFERENCE ON
SMOKING AND HEALTH

October 9-10, 1967

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SUMMARY REPORT

REGIONAL CONFERENCE ON SMOKING AND HEALTH
ALABAMA DISTRICE I
UNIVERSITY OF SOUTH ALABAMA
MOBILE, ALABAMA
March 9, 1968

Program (Tentative)

9:00-9:15 a.m.	Registration - Lobby, Classroom Building
9:15-9:45 a.m.	Greetings Dr. J. Howe Hadley Dean, College of Education Introduction of Guests Region I Conference Planning Committee Mrs. Marvin Whitley State Chairman, Alabama Congress of Parents &Teachers Miss Karen Daugherty Consultant, Mobile County Board of Health Orientation to Conference Dr. Lewis M. Hilley Chairman, Department of Health, Physical Education and Recreation, and Coordinator of District I Conference on Smoking and Health
9:45-11:30 a.m.	Smoking and Health: A Public Health Problem Dr. George Newburn, Jr. Medical Aspects of Smoking Physician to be selected
11:30 a.m.-12:30 p.m.	Lunch
12:30-12:50 p.m.	Filmstrips on Smoking Dr. John Cumner Dean, Student Affairs
12:50-1:30 p.m.	Smoking As Viewed By Youth Panel: University of South Alabama Students Discussion Leaders: Dr. Michael Livingston Assistant Professor, Department of Health, Physical Education and Recreation Dr. Daniel Atha Assistant Professor, Department of Health, Physical Education and Recreation

1:30-1:40 p.m.	It Can Be Done Mrs. Mary Ann Guthrie, Head Nurse, Student Health Center University of South Alabama Mr. Peter Zitsos, Supervisor of Food Service University of South Alabama
1:40-2:10 p.m.	Smoking and Mental Health Dr. Simpson Psychologist, Division of Mental Health
2:10-2:20 p.m.	Fitness Break
2:20-3:10 p.m.	The Forward Look In Alabama Discussion Groups: All Conference Participants Introduction: Dr. Willis J. Baughman Professor, University of Alabama and State Director of Smoking and Health Discussion Leaders: Staff of Department of Health, Physical Education and Recreation, University of South Alabama Dr. Bill Larson Dr. Robert Patton Mr. James Johnson Mr. Roy Hills Mrs. Carmela Jefferies Mrs. Jean Hooker
3:10-3:30 p.m.	Reporting Session of Groups
3:30-4:00 p.m.	Conference Summary Mr. Forest Ludden Director of Bureau of Primary Prevention Alabama Department of Public Health
4:00 p.m.	Adjourn

SUMMARY REPORT

REGIONAL CONFERENCE ON SMOKING AND HEALTH
DISTRICT II, AUBURN UNIVERSITY
AUBURN, ALABAMA
January 29, 1968

PROGRAM OF THE CONFERENCE

9:15- 9:45 a.m.	REGISTRATION Lobby, Langdon Hall
9:45-10:00	ORIENTATION TO CONFERENCE Richard K. Means, Ed.D., Professor of Health, Physical Education and Recreation, Auburn University and Coordinator of District II, Conference on Smoking and Health
	GREETINGS Truman M. Pierce, Ph.D., Dean of the School of Education, Auburn University
10:10-10:30	SMOKING AND HEALTH: A PUBLIC HEALTH PROBLEM Ira L. Myers, M.D., State Health Officer, Alabama Department of Public Health
10:30-11:15	NEW PROSPECTIVES ON SMOKING AND HEALTH Robert A. Walton, M.D., Resident, Internal Medicine, Lloyd Noland Hospital, Fairfield, Alabama
11:15-11:30	QUESTION AND ANSWER SESSION
11:30- 1:00 p.m.	LUNCH Auburn University Student Union Cafeteria
1:00- 2:00	SMOKING AND YOUNG PEOPLE Panel: Auburn Secondary School Students Discussion Leaders: Mildred Brown, Ph.D., Professor of Health and Physical Education, Tuskegee Institute Ward Tishler, Ed.D., Professor of Health, Physical Education and Recreation, Alabama College
2:00- 2:30	PUNCTURING THE GLAMOUR OF SMOKING Filmstrip Introduction: Richard K. Means, Ed.D.

2:30- 2:45	BREAK
2:45- 3:30	NEXT STEPS IN ALABAMA Discussion Groups Introduction: Richard K. Means, Ed.D.
3:30- 4:00	REPORTING SESSION OF GROUPS
4:00- 4:30	CONFERENCE SUMMARY Forest Ludden, Director of Bureau of Primary Prevention, Alabama Department of Public Health
4:30	ADJOURN

HIGHLIGHTS OF THE MAJOR ADDRESSES

Ira L. Myers, M.D., State Health Officer, Alabama Department of Public Health

Dr. Myers presented a capsule analysis of certain dangers in cigarette smoking and offered some suggestions as to how the problem might be approached by educators, parents, public health personnel, and others. He utilized a variety of visual poster materials in emphasizing the different aspects of the problem. This presentation served as a fine general introduction to the conference.

Robert A. Walton, M.D., Resident in Internal Medicine, Lloyd Noland Hospital, Fairfield, Alabama

"New Perspectives on Smoking and Health" was the topic of an intriguing presentation by Dr. Walton. He skillfully integrated research information statistics, and personal medical experiences in demonstrating the effects of smoking on health. Chronic bronchitis, emphysema, lung cancer, and other related problems of smoking were highlighted. Numerous slides, film clips, and other materials were used. A brief question and answer period followed the presentation.

SUMMARY OF THE PANEL SESSION

A panel of five Auburn High School students, three boys and two girls, discussed smoking among young people. With the assistance of two moderators and questions from the audience, a good deal of interest developed during this session. Why young people smoke or do not smoke, motivations influencing behavior, the role of education, and what the schools might

do to combat the problem were emphasized. Several viewpoints on different aspects of smoking behavior were expressed since one of the five students was a smoker.

SUMMARY OF THE FILMSTRIP PRESENTATION

An afternoon session was devoted to the viewing of the filmstrip "Cigarettes and Health: A Challenge to Educators." This 93-frame color filmstrip with accompanying record was produced by the National Interagency Council on Smoking and Health. It was very well received and served as an excellent stimulation for the discussion group sessions which followed by posing certain questions related to the problem of smoking and the role of the school.

SUMMARY OF THE DISCUSSION GROUP SESSIONS

NEXT STEPS IN ALABAMA

The following information is related to possible program development ideas concerning the problem of smoking and health. These suggestions were formulated through small group deliberation as a culminating activity of the District II Conference on Smoking and Health held at Auburn University on January 29, 1968. No attempt has been made to drastically edit the suggestions. The various groups were organized on the basis of different brands of cigarettes, as indicated below.

CAMEL - "I'd walk a mile . . ."
KENT - "with the micronite filter"
KOOL - "come up to the cool taste of Kool"
LUCKY STRIKE - "L.S.M.F.T."
MARLBORO - "come to Marlboro country"
PALL MALL - "smoke either end"
PHILIP MORRIS - "call for Philip Morris"
RALEIGH - "coupon on the back"
SALEM - "spring time fresh"
TRUE - "lowest tar and nicotine"
WINSTON - "tastes good like a cigarette should"

Provide more money for use in mass media advertising of the hazards and risks in cigarette smoking

Hold smoking and health conferences at the county level throughout the state in order to reach more people and bring about local community action

Provide workshops on smoking and health that offer college credit in order to attract more individuals.

Begin education on the hazards of smoking at a very early age - films and other aids to help demonstrate the problem are more effective than literature

Attempt to reach smokers as well as non-smokers on the hazards of cigarettes

Campaign to require the removal of cigarette machines from college and university campuses

Attempt to make smoking areas in high schools a "negative" place - or omit smoking areas entirely

Build the status of sound health by promoting physical fitness and overall well-being

Encourage teachers who smoke to give it up or smoke only in private and not in front of students

Use a subtle approach rather than a "prohibitive" or "negative" one in teaching about smoking and health

Build on the image of athletic excellence and non-smoking

Use many visual aids and testimonials of those who have quit smoking to help discourage the habit

Hold student body contests to promote non-smoking, such as poster projects, essay contests, and other activities

Slogan -- "It takes a bigger person to give it up than to take it up."

Use dramatic approaches to help discourage smoking and to compete with the cigarette advertiser

Instruct local P.T.A. groups by utilizing selected films and literature on the hazards of smoking

Begin educating students in elementary school grades with films, and literature to take home to the parents

Influence students in higher grades (high school) with more detailed pictures, illustrations, and information on the effects of smoking

Enforce the state law requiring instruction on the effects of tobacco and other noxious substances

Use the word "dangers" rather than "evils" of smoking to provide a more positive approach to the problem

Provide for a required course on the effects of smoking on health, in addition to adequate emphasis on the topic in other subject areas

Extend education regarding smoking and health to parents so that they too will be properly informed

De-glamorize smoking through the development of adequate, informed leadership which promotes the glamour of non-smoking

GENERAL EVALUATION OF THE CONFERENCE

Two different forms were utilized to help evaluate the Conference. A one page pink form was used for those who attended only a portion of the day-long meeting, and a two page yellow form was completed by those individuals who were able to attend all sessions, as follows:

1. Please write in, what time it was when you were attending sessions:

   From _____ to _____; from _____ to _____

2. Was the purpose of this conference made clear in any sessions?

   ( ) Yes ( ) Vaguely ( ) No

   Any comments or questions?

3. Did the information that was presented convince you that smoking is a hazard to health?

   ( ) Yes ( ) To some extent ( ) No

   Any comments?

4. Did the conference stimulate you to want to help discourage smoking?

   ( ) Yes ( ) Mildly ( ) No

   Any comments?

5. Was the information useful to you for purposes of presenting facts about the hazards of smoking to other people?

   ( ) Yes ( ) Somewhat ( ) No

   ( ) Not enough specific facts

   ( ) The material was too technical

   ( ) Please state appropriate reactions:

6. Did you get any ideas on how to conduct a project on smoking and health in your country?

( ) Yes ( ) No

7. Which part of this conference was most meaningful or useful to you? Explain briefly:

8. Will the materials distributed at the conference be useful to you in your efforts to give leadership to other projects on smoking and health?

( ) Yes ( ) Perhaps ( ) In some cases ( ) No

Comments:

9. Was there sufficient opportunity during the conference for you to explore points that concern you on the topic of smoking and health?

( ) Yes ( ) No

Please express your reaction:

10. What do you regard as the major strengths of this conference?

1.
2.
3.

11. What do you regard as the major weaknesses of this conference?

1.
2.
3.

12. In what ways do you wish this conference had been different (to serve your purposes and the conference purposes better)?

- - - - -

In terms of interest and enthusiasm, the Conference was highly successful. Dr. Walton's presentation, the panel of high school students, and the filmstrip sessions were identified as the most meaningful by the majority of participants. Other strengths of the Conference indicated included the up-to-date information presented, the valuable materials provided, and the discussion opportunities afforded. Some respondents suggested that more time should have been devoted to questions and answers throughout the meeting. A number of participants also were impressed with the planning, organization, and pace of the overall Conference.

INDIVIDUALS ATTENDING THE CONFERENCE

The total number of participants officially registered for the Conference was 312. It should be noted, however, that a great many college students attended one or more of the sessions but did not register (a rough estimate might be approximately 125-150 additional students). The breakdown of official registrants is presented as follows:

High School Juniors . . .	1	College Juniors . . .	19
High School Seniors . . .	10	College Seniors . . .	14
College Freshmen	98	College Graduates . .	5
College Sophomores . . .	33	Not designated	8

Total High School Students	11
Total College Students	169
Total not designated students	8
Total non-student participants	124
TOTAL CONFERENCE PARTICIPANTS	312

SUGGESTIONS AND RECOMMENDATIONS

The District II Smoking and Health Conference seemed to stimulate considerable interest and enthusiasm concerning the topic. Several school superintendents and a number of other individuals expressed a desire to inaugurate programs related to smoking. Some concrete suggestions and recommendations were made by the various discussion groups. (See "Next Steps in Alabama" included in the SUMMARY OF THE DISCUSSION GROUP SESSIONS)

SUMMARY REPORT

REGIONAL CONFERENCE ON SMOKING AND HEALTH
DISTRICT III, SAMFORD UNIVERSITY
BIRMINGHAM, ALABAMA
December 8, 1967

Alabama was chosen as the first state in the nation to conduct a program on the harmful effects of tobacco. The State Conference on Smoking and Health was held at the University of Alabama on October 10 and 11, 1967. The District III Conference on Smoking and Health held at Samford University on December 8, 1967 was the first of the five district conferences. This conference was sponsored by Samford University in cooperation with the Alabama Heart Association, the Jefferson County Division of the American Cancer Association, the Alabama Tuberculosis Association, and the Jefferson County Department of Health. The following counties were included in the conference: Jefferson Bibb, Chilton, Fayette, Greene, Hale, Lamar, Pickens, Shelby, Tuscaloosa, and Walker Counties.

The purpose of the conference was to present factual documented information to as many people as possible on the problem of Smoking and Its Relation to Health with special emphasis on the youth of the state.

The program for the day was divided into three sessions:

The first session held at 9:30 in the morning was directed to city and county officials, ministers, civic clubs, business, industry, medical personnel, and health agencies.

The second session scheduled for 10:00 was geared to college administrators, faculty and students.

The third session at 2:30 was directed to elementary, junior high and senior high administrators, teachers, student leaders, and P.T.A. personnel. Each school was requested to have a team of people represent them ... representative from the P.T.A., interested faculty and student leaders with the hope that they would go back to the school and present information to others in the school and community.

Dr. George Zenger, a Radiologist and graduate of Vanderbilt University, University of Tennessee, having served his internship at the Birmingham Baptist Hospital, was the speaker at the first and third sessions. Dr. Zenger is on the staff of the Birmingham Baptist Hospital, Birmingham Medical Center, East End Memorial Hospital, and Saint Vincent Hospital. He presented documented evidence as to smoking and its effect on health. Main points were:

1. If a man smokes two packs of cigarettes a day, he has inhaled 16 ounces of tar in a year's time.

2. Researchers have shown tar can cause cancer in mice and in pieces of lung tissue isolated in culture.

3. For every cigarette a man smokes, he is inhaling two milligrams of nicotine. Fifty milligrams of nicotine injected into a man intravenously can kill him.

4. Basing his statistics on reports from the U.S. Surgeon General, Dr. Zenger is convinced that smoking can cause lung cancer, heart attacks at early ages, bronchitis and emphysema.

5. The physician showed some 25 X-rays of patients seen in Birmingham in the last three or four months. All had lung cancer. All had been smoking two to three packs a day for 10 to 40 years.

6. Statistics show that a person 50 years of age who has never smoked will probably live eight and a half years longer than his friend of the same age who has averaged one pack of cigarettes a day since he was 21.

7. Similarly, the heart attack rate is three times higher in males aged 45-54 who smoke as it is in males of the same age who do not smoke.

8. Probably, the most impressive phase of his address was the display of a cancerous lung of a patient 59 years of age who had died some three or four weeks prior to this conference. A person might forget facts and figures but it would be difficult to forget just how the cancerous lung looked.

Dr. Robert Walton, M.D., a specialist in Internal Medicine, was the speaker for the second session. Dr. Walton is a graduate of University of Miami School of Medicine, Internship at Duval Medical Center in Jacksonville, Florida, and residency in Internal Medicine at Lloyd Nolan Hospital, Fairfield, Alabama. Dr. Walton used a set of very fine slides depicting various effects of smoking on health from the very onset to the very serious cases.

1. Cigarettes are the primary causes of lung cancer.

2. Cigarettes are injurious to health and are, in fact, the greatest national health problem of today.

3. Disabilities and deaths attributed to smoking are being recorded at an unprecented rate but the ironic part is that they are preventable.

An added feature on the program was the speech made by Mr. Mark Hodo, Chairman of the Board, City Federal Savings and Loan Association on "A Program in Action." He discussed his plans of a no smoking campaign among his employees.

1. A $10.00 bonus per month to each employee who does not smoke. This included the 15 employees who were not smoking at the start of the project.

2. Thirty five of his 50 employees were smoking at the start of the campaign. At this time only 7 are smoking.

3. The original idea for Mr. Hodo to start the no smoking campaign came from literature put out by the American Heart Association.

4. Other employers over the nation had become interested in this plan.

5. Plans were being made to increase the amount of the bonus.

At the close of the third session, Dr. Willis Baughman, State Coordinating Council Chairman from the University of Alabama spoke on "Alabama-The Pilot State," giving some of the background information on Alabama being chosen as the first state. He encouraged all present to take an active part on the problem of smoking and health and stated that it presented a challenge to teachers to initiate a similar program for all youngsters.

Mr. James Sharman, Chairman of the Division of Health and Physical Education of Samford University, was Master of Ceremonies for the day's activities. Mr. Vince Granell, Director of the Project on Smoking and Health of the American Association of Health, Physical Education and Recreation attended the conference.

With 1,800 in attendance throughout the day, five hundred packets of materials were given out to interested persons. Displays on bulletin boards by the various agencies working in the conference contributed to the effectiveness of the program.

We have some evidence that the conference may have had some far reaching effects:

1. Numerous periodicals have appeared in the newspaper before and after the conference.

2. The speakers at the conference have made several appearances at various meetings throughout the city, and state:

a. Dr. Robert Walton was chosen to speak at the District II Conference at Auburn University, Auburn, Alabama.

b. Dr. Robert Walton - Ensley High School for a two day session on Smoking and Health. Mr. James Sharman was invited to serve on this program.

c. Mr. Mark Hodo - Vestavia Hills Methodist Church

d. Dr. George Zenger - Civitan Club in Birmingham

3. Dr. George Scofield, a noted pathologist in Birmingham, Shades Mountain Baptist Church. Dr. Scofield is one of the speakers for the Jacksonville Conference of April 9, 1968 on Smoking and Health. He spoke on the subject of Smoking and Health at the Southern District of the A HPER in 1966 at Louisville, Kentucky.

SUMMARY REPORT

REGIONAL CONFERENCE ON SMOKING AND HEALTH
DISTRICT IV, JACKSONVILLE STATE UNIVERSITY
Jacksonville, Alabama
April 9, 1968

The Conference on Smoking and Health was held at Jacksonville State University, April 9, 1968, in the Leone Cole Auditorium. The Conference at Jacksonville was directly under the sponsorship of the Department of Health and Physical Education and nationally under the sponsorship of The American Association for Health, Physical Education and Recreation, Washington D.C., and in cooperation with the State of Alabama.

A copy of the program is as follows:

8:00-9:00 Registration: Foyer: Physical Education Majors

9:00-9:30 Presiding: Mrs. Palmer D. Calvert, Head
Department of Health and Physical
Education

Invocation: Dr. William J. Calvert, Chairman
Fine Arts Division
Jacksonville State University

Introduction of Guests: Mrs. Palmer D. Calvert

9:30-10:00 Welcome: Dr. Houston Cole, President
Jacksonville State University

Address: "Alabama-The Pilot State"
Mr. Charlie Stapp, State Supervisor
Health, Physical Education and Recreation

10:00-11:00 Introduction of Keynotesspeaker: Dr. William White
Anniston, Alabama

"Smoking and Health-Its Implications"
Dr. Paul T. DeCamp, Ochsner Clinic
New Orleans, Louisiana

11:00-12:00 Introduction of Speaker: Mr. James Sharman,
Chairman, Department of Health and Physical
Education, Samford University, Birmingham, Ala.

"The Pathologist Looks at Smoking and Health"
Dr. George Scofield, Carraway Methodist
Hospital, Birmingham, Alabama

Audience Reaction-Discussion: Dr. Theron E. Montgomery, Dean, Jacksonville State University

Conferences in Alabama during the 1967-68 school year covered the entire state. Jacksonville, being designated as District IV, worked with twelve counties: Marshall, DeKalb, Etowah, St. Clair, Calhoun, Cleburne, Talladega, Clay, Randolph, Coosa, Tallapoosa, and Chambers. The attendance, around fifteen hundred people, the speakers, and the audience response and discussion were excellent.

Nine hundred packets of selected materials on Smoking and Health were given to interested people, including; in particular, teachers from the elementary and secondary schools in this University district, No. IV.

The keynote speaker for the occasion was Dr. Paul T. DeCamp, a nationally known lung specialist and surgeon from the Ochsner Clinic in New Orleans, Louisiana. Incidentally, in 1936, Dr. Alton Ochsner and Dr. Michael E. DeBakey, surgeons of the famous Ochsner Clinic, observed that nearly all of their lung cancer patients were cigarette smokers, which aroused much interest and caused other statistical studies to be made including John Hopkins University Medical School, Baltimore, Maryland, and the Mayo Clinic in Rochester, Minnesota. One study was made in the United States by Dr. Daniel Horn and Dr. E. Cuyler Hammond, the other in Britain by Dr. Richard Doll and Dr. A. Bradford Hill. The findings in all of these investigations were remarkably similar. The most important finding was that the total death rate (from all causes of death combined) is far higher among men with a history of regular cigarette smoking than among men who never smoked.

It was, therefore, fitting that our keynote speaker should have had a part of his training from the Ochsner Clinic and that he is now a member of the staff from which sparked, not only the interest, but other studies that have been made, linking lung disease such as cancer and emphazema with smoking. Dr. Paul T. DeCamp's speech was entitled "Smoking and Health - Its Implication." In his speech he said: "Lung cancer has reached epidemic proportions in this country", and he attributed this to smoking. Along with his speech on the perils of smoking he exhibited an impressive slide presentation concerning the damaging effect of smoking on the health of all persons. "Cigarettes," he stated, "kill more than five times as many each year as do automobiles." Dr. DeCamp worked very closely with the U.S. Surgeon General's Advisory Committee on Smoking and Health in 1964.

Dr. George Scofield, A pathologist from Carraway Methodist Hospital in Birmingham, Alabama, spoke, his subject being "The Pathologist Looks at Smoking and Health". He also condemned the use of cigarettes.

Some of the main statistics pointed out by the two physicians included these facts:

1. Almost all people who have lung cancer are smokers.

2. Over 43,100 persons died of lung cancer in 1964, as compared with 2,500 in 1930.

3. Of one hundred persons who contract lung cancer only fifty are operative; only one third can survive by having part of their lung removed; and only six will be alive in five years.

4. Cigarette smokers are 30 times more likely to die of lung cancer than non-smokers.

5. Sixty-eight percent of all males in the United States smoke and thirty-two percent of all women smoke.

6. Teen-agers of today are smoking more than ever, and girls outnumber boys in this category.

7. Last year, tobacco caused 360,000 deaths in this country; seventy-seven million days of work lost because of smoking; and three hundred sixty million man-days of restricted activity.

8. One-third of all deaths (male) between the ages of thirty and sixty-five are directly related to tobacco.

Dr. DeCamp, in summing up his speech, said that the three worst health factors in this country are, "smoking, sitting and stuffing."

The Program was followed by a luncheon held in the President's dining room in Cole Center in honor of Dr. DeCamp, Dr. Scofield, and Dr. Granell.

The conference held at Jacksonville was one of the five which represent Alabama's pioneer position in the drive to inform the general American public on the dangers of smoking tobacco.

Due to time involved a complete statistical survey on the results of the Conference was impossible. However, through three college classes it was determined that around one hundred persons had actually stopped smoking since the conference was held. Since that time other encouraging reports have been made.

Dr. Vincent Granell, as National Chairman, and Dr. Willis Baughman, as Alabama State Chairman, deserve congratulations for their untiring efforts and fine work in the organization and implementation of the valuable project they have promoted in Alabama on Smoking and Health.

SUMMARY REPORT

REGIONAL CONFERENCE ON SMOKING AND HEALTH
DISTRICT V, FLORENCE STATE COLLEGE
FLORENCE, ALABAMA
January 13, 1968

The District V Smoking and Health Conference was held Saturday, January 13, 1968, at Florence State College, Florence, Alabama. A total of 110 persons attended the Conference.

Through the cooperation of the Florence State College News Service Bureau, extensive News coverage preceded the Conference. Samples of News Releases and accompanying publicity photographs are presented in the appendices. These releases went out to more than 60 newspapers, radio and television outlets in the 13 District V counties.

In addition to coverage by news media, letters were sent to all persons concerned with the education of children and young adults and to all PTA Chapters in the 13 counties comprising District V.

The original program shown in Appendix E had to be altered because of inclement weather. However, included in the program was "The Meaning of the Smoking and Health Conference" by Dr. Willis Baughman, State Smoking and Health Director. Dr. Baughman explained why the conference at Florence and how this conference related to others to be conducted around the state.

The principal speaker was Dr. Stanley Hand, M.D., of Athens, Alabama. Dr. Hand proved to be a most dynamic speaker. Dr. Hand used self-made audio-visual aids to show the monetary costs of smoking to the individual. The speaker also used aids to show the progressive destruction caused by continuous smoking. One of the most dramatic statements by the speaker related the problem of smoking and cancer in a manner easily understood. He said, "If you line up ten smokers in a row, one will develop cancer!"

In the discussion session that followed the keynote address, an effort was made to play down the idea implied by the keynote speaker that a person had to smoke forty years for serious damage to occur. Several persons presented new facts that point to immediate damage caused by smoking.

Many persons were interested in discussing methods of quitting smoking. Several methods were discussed, but "cold turkey" seemed to be the best.

Because of the inclement weather and the increasing accumulation of snow on the highways, the Conference was closed at noon. In evaluating the Conference, those who attended seemed to be genuinely impressed with the seriousness of the problem. Since the Conference, the Conference director has been asked to speak on the smoking and health issue eleven times. Seven of these requests have been filled.

First Add 1, Conference on Smoking and Health on FSC Campus in January. . . .

Financial support for the conferences is being granted by the American Association for Health, Physical Education and Recreation. Dr. Vincent Granell, Director, Project on Smoking and Health, AAHPER, Washington, D.C., helped formulate plans for the recent state conference and the planned district meetings. Most state education and health organizations are backing the smoking and health projects.

"The purpose of the conferences is to bring together everyone who may be interested to present information to them relative to smoking and health. It's ridiculous to attempt to try and talk people out of smoking. This is not our objective. Our objective is to educate them in hopes that attitudes toward smoking will be changed," said Dr. Glidewell.

# # # #

Appendix B - News Release: District V Smoking and Health Conference
Date: January 9, 1968

Florence: Response to registration for Saturday's District V Conference on Smoking and Health at Florence State College thus far has been overwhelming, according to Dr. William F. Glidewell, conference director.

"We still are especially interested in hearing from representatives of business and industry in regard to the conference," Dr. Glidewell said.

More than 350 persons are expected to register for the conference in the Towers Cafeteria on the FSC campus. Registration will be conducted from 8 to 9 AM. The public is invited, the conference director emphasized.

Keynote speaker will be Dr. Stanley Hand, Athens physician, who for some years has studied the health consequences of smoking and has spoken numerous times to various groups on the subject.

Other speakers on the program are Dr. Willis Baughman, professor, Department of Health, Physical Education and Recreation, University of Alabama, and State Smoking and Health Director; and Dr. Avery Harvil, Chairman, Department of Health and Physical Education, Athens College.

A native of Birmingham, Dr. Hand has been practicing medicine for 18 years, from 1950 to the present. He received his early education in the public schools of Birmingham and was awarded his B.S. degree from Howard College (Samford University) in 1943. He received his M.D. degree from the University of Tennessee in 1948 and performed his internship at Lloyd Nolan Hospital in Birmingham. He is married to the former Mary Elizabeth Loranz of Birmingham. They are the parents of three children, Margaret, 18, Molly, 16, and Tom, 14.

# # # #

In making suggestions for the future, another conference should be scheduled. Certainly the weather needs to be considered in this part of the state. More than 300 persons had pre-registered for the District V Conference, but many roads were closed and driving most hazardous. A Conference in reasonable weather would draw the excess of 400 participants. Since the District V Conference, information has been obtained that a former associate of Dr. [illegible] still lives in Florence. This person is Dr. Ranel Spence and he is interested in participating in another conference.

In planning another conference, more time should be spent planning [illegible] persons who should attend. Every [illegible] conference. Also, more follow-up should be planned in getting the information out to the schools that are interested in this topic. As a last suggestion, a week-day seems to be more acceptable as a conference day than does a Saturday.

APPENDICES

Appendix A - News Release: District V Smoking and Health Conference
Date: November 22, 1968

Florence: A one-day conference on Smoking and Health is planned next January 13 on the campus of Florence State College.

The District V Conference, composed of representatives from the 12 northwestern Alabama counties, is one of five planned in the state. Others are scheduled for Samford University, Auburn University, The University of South Alabama, and Jacksonville State University.

Registration will open at 8 AM in the Great Hall of the Florence Student Union, which will serve as headquarters.

The follow-up meetings grew out of the recent State Conference on Smoking and Health at the University of Alabama. The Florence Conference will be the second in the series. Samford will host the first on December 8.

Dr. William F. Glidewell, professor of health and physical education at FSC, is chairman of the District V Conference. Members of the planning committee are Mrs. Jimmie Goodman, consultant for health and physical education, State Department of Education; Miss Angeline Nazaretian, Athens College; and Bob Diseker, health educator for Tennessee Valley Authority.

Glidewell said the committee plans to contact as many representatives of organizations in the area as possible to solicit their cooperation and participation. The organizations will include school, church, volunteer agencies, public health, industries, and businesses, he added.

The program will generally follow that of the State Conference, with a keynote speaker and group discussions on the health hazards of smoking. A number of physicians will be invited to serve as consultants.

MORE MORE MORE MORE